| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF NEW YORK | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this ar amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | | |
|-----|--|---|---|---|
| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Christopher First name L Middle name Shane Last name and Suffix (Sr., Jr., II, III) | - | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | Christopher Lawrence Shane Christopher Shane | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-9866 | | |

| Deb | otor 1 Christopher L Sha | ine | Case number (if known) | | | |
|--|---|--|--|--|--|--|
| | | | | | | |
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. Business name(s) | | | |
| | | Business name(s) | | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | | |
| | | 606 Koscuiszko Street Apt. 2A Brooklyn, NY 11221 | | | | |
| | Number, Street, City, State & ZIP Code | | Number, Street, City, State & ZIP Code | | | |
| | | Kings County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. | | | |
| | | Explain. (See 28 U.S.C. § 1408.) | Explain. (See 28 U.S.C. § 1408.) | | | |

| Deb | otor 1 Christopher L Sha | ine | | | Case number (if known) | | |
|-----|---|---|-----------------------|--|---|---------------------------|--|
| | | | | | | | |
| Par | t 2: Tell the Court About | our Bankrupto | y Case | | | | |
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | |
| | choosing to file under | Chapter 7 | | | | | |
| | | ☐ Chapter 11 | | | | | |
| | | ☐ Chapter 12 | | | | | |
| | | ☐ Chapter 13 | | | | | |
| | | - Onapier 13 | | | | | |
| 8. | How you will pay the fee | about ho order. If | w you may pay. Typ | pically, if you are paying the fee yo | k with the clerk's office in your local ourself, you may pay with cash, cashialf, your attorney may pay with a cred | er's check, or money | |
| | | | | | on, sign and attach the Application fo | r Individuals to Pay | |
| | | | • | ts (Official Form 103A). Bived (You may request this option | n only if you are filing for Chapter 7. I | By law, a judge may. | |
| | | but is no | t required to, waive | your fee, and may do so only if yo | our income is less than 150% of the o | fficial poverty line that | |
| | | | | | n installments). If you choose this opt cial Form 103B) and file it with your p | | |
| | | | | | | | |
| 9. | Have you filed for bankruptcy within the | ■ No. | | | | | |
| | last 8 years? | ☐ Yes. | | | | | |
| | | Dis | trict | When | Case number | | |
| | | Dis | trict | When | Case number | | |
| | | Dis | trict | When | Case number | | |
| 10 | Are any bankruptcy | | | | | | |
| 10. | cases pending or being | ■ No | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | |
| | | Deb | otor | | Relationship to you | | |
| | | Dis | trict | When | Case number, if known | | |
| | | Deb | otor | | Relationship to you | | |
| | | Dis | trict | When | Case number, if known | | |
| 11. | Do you rent your | ■ No. Go | o to line 12. | | | | |
| | residence? | | as your landlord obta | ained an eviction judgment agains | st you? | | |
| | | | • | , - | | | |
| | | | | | Judgment Against You (Form 101A) | and file it as part of | |
| | | | una pankruptoj | y poudon. | | | |

| Deb | tor 1 Christopher L Sh | ane | | | Case number (if known) | |
|------|---|--|----------------|--------------------------------------|---|--|
| | | | | | | |
| Part | Report About Any Bu | usinesses | You Owr | as a Sole Proprie | etor | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | |
| | | ☐ Yes. | Name | and location of bus | siness | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | e of business, if any | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | ate & ZIP Code | | |
| | it to this petition. | | Chec | k the appropriate bo | ox to describe your business: | |
| | ☐ Health Care B | | | Health Care Busin | iness (as defined in 11 U.S.C. § 101(27A)) | |
| | | | | Single Asset Real | al Estate (as defined in 11 U.S.C. § 101(51B)) | |
| | | | | Stockbroker (as d | defined in 11 U.S.C. § 101(53A)) | |
| | | | | Commodity Broke | ter (as defined in 11 U.S.C. § 101(6)) | |
| | | | | None of the above | /e | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the proced in 11 U.S.C. 1116(1)(B). | | | | |
| | For a definition of small | ■ No. | I am r | not filing under Chap | apter 11. | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am f Code | | r 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | |
| | | ☐ Yes. | I am f | iling under Chapter | r 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | |
| Part | 4: Report if You Own or | r Have Anv | / Hazardo | ous Property or An | ny Property That Needs Immediate Attention | |
| | Do you own or have any | | | The Frequency of Film | .,, | |
| | property that poses or is | ■ No. | | | | |
| | alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is | the hazard? | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | diate attention is why is it needed? | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | | |
| | <u> </u> | | | | Number, Street, City, State & Zip Code | |
| | | | | | | |

Debtor 1 Christopher L Shane Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit

counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Debtor 1 Christopher L Shane | | | | Case numbe | Case number (if known) | | |
|------------------------------|---|-----------------------|--|--|---|--|--|
| Par | t 6: Answer These Quest | ions for Re | eporting Purposes | | | | |
| 16. | What kind of debts do you have? | 16a. | | nsumer debts? Consumer debts are definant, family, or household purpose." | ned in 11 U.S.C. § 101(8) as "incurred by an | | |
| | | | ☐ No. Go to line 16b. | | | | |
| | | | Yes. Go to line 17. | | | | |
| | | 16b. | | siness debts? Business debts are debts stment or through the operation of the bus | | | |
| | | | ☐ No. Go to line 16c. | | | | |
| | | | ☐ Yes. Go to line 17. | | | | |
| | | 16c. | State the type of debts you ov | ve that are not consumer debts or busines | ss debts | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7 | 7. Go to line 18. | | | |
| | Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | ■ Yes. | | o you estimate that after any exempt prop illable to distribute to unsecured creditors' | perty is excluded and administrative expenses ? | | |
| | | | ■ No | | | | |
| | | | ☐ Yes | | | | |
| 18. | How many Creditors do | 1 -49 | | □ 1,000-5,000 | 2 5,001-50,000 | | |
| | you estimate that you owe? | □ 50-99 | | ☐ 5001-10,000 | 50,001-100,000 | | |
| | | ☐ 100-19 ☐ 200-99 | | □ 10,001-25,000 | ☐ More than100,000 | | |
| 19. | How much do you | \$0 - \$! | 50.000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | |
| | estimate your assets to be worth? | □ \$50,00 | 01 - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion | | |
| | | | 001 - \$500,000 001 - \$1 million | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion | | |
| 20. | How much do you | □ \$0 - \$9 | 50,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | |
| | estimate your liabilities to be? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million | \$1,000,000,001 - \$10 billion | | |
| | | | 001 - \$500,000 001 - \$1 million | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | |
| | | — \$500,0 | 901 - \$1 Hillion | | | | |
| Par | Sign Below | | | | | | |
| For | you | I have ex | amined this petition, and I decl | are under penalty of perjury that the inforr | mation provided is true and correct. | | |
| | | | | I am aware that I may proceed, if eligible, lief available under each chapter, and I ch | | | |
| | | | | ot pay or agree to pay someone who is not notice required by 11 U.S.C. § 342(b). | ot an attorney to help me fill out this | | |
| | | I request | relief in accordance with the ch | napter of title 11, United States Code, spe | cified in this petition. | | |
| | | bankrupto and 3571 | cy case can result in fines up to | concealing property, or obtaining money of \$250,000, or imprisonment for up to 20 y | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | |
| | | Christo | stopher L Shane pher L Shane of Debtor 1 | Signature of Debto | or 2 | | |
| | | Executed | on May 12, 2018 | Executed on | | | |
| | | | MM / DD / YYYY | MM | I / DD / YYYY | | |

| Debtor 1 Christopher L Sh | ane | Cas | se number (if known) |
|---|--|-------------------------------|---|
| For your attorney, if you are represented by one | under Chapter 7, 11, 12, or 13 of title 11, Ur | nited States Code, and have e | informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b) |
| If you are not represented by an attorney, you do not need to file this page. | and, in a case in which § 707(b)(4)(D) appli schedules filed with the petition is incorrect. | | rledge after an inquiry that the information in the |
| . 5 | /s/ Lorna LaMotte | Date | May 12, 2018 |
| | Signature of Attorney for Debtor | | MM / DD / YYYY |
| | Lorna LaMotte | | |
| | Printed name | | |
| | Allen Chern | | |
| | Firm name | | |
| | 65 Broadway | | |
| | Suite 839 | | |
| | New York, NY 10006 | | |
| | Number, Street, City, State & ZIP Code | | |
| | Contact phone 212-430-6516 | Email address | lamottelaw@yahoo.com |
| | 4291811 NY | | |
| | Bar number & State | | |
| | | | |

| Filli | n this information to identif | y your case: | | | |
|---------|--|---|--|--------------------|-------------------------------|
| Deb | | | | | |
| | First Name | Middle Name | Last Name | | |
| | tor 2 use if, filing) First Name | Middle Name | Last Name | | |
| Unite | ed States Bankruptcy Court fo | or the: EASTERN DISTRICT | OF NEW YORK | | |
| Case | e number | | | | |
| (if kno | own) | | | _ | c if this is an ded filing |
| | | | | | |
| Off | icial Form 106Su | ım | | | |
| Sur | nmary of Your Ass | sets and Liabilities a | and Certain Statistical Information | | 12/15 |
| infor | mation. Fill out all of your s | chedules first; then complete | le are filing together, both are equally responsible f the information on this form. If you are filing amend ck the box at the top of this page. | | |
| Part | 1: Summarize Your Asse | ets | | | |
| | | | | Your a | ssets of what you own |
| 1. | Schedule A/B: Property (O | fficial Form 106A/B) | | \$ | 0.00 |
| | | | 3 | \$ | 4.076.52 |
| | | | | · — | 4,976.53 |
| | 1c. Copy line 63, Total of all | property on Schedule A/B | | \$ | 4,976.53 |
| Part | 2: Summarize Your Liab | ilities | | | |
| | | | | | abilities t you owe |
| 0 | Oakada D. Osadiiana Mila | Harry Ole in a October Albert Break | 4. (Official Form 400D) | , unoun | t you owe |
| 2. | | Have Claims Secured by Proper in Column A, <i>Amount of claim,</i> a | ty (Official Form 106D) at the bottom of the last page of Part 1 of <i>Schedule D</i> | \$ | 0.00 |
| 3. | | o Have Unsecured Claims (Offic om Part 1 (priority unsecured cla | ial Form 106E/F) ims) from line 6e of <i>Schedule E/F</i> | \$ | 0.00 |
| | 3b. Copy the total claims fro | m Part 2 (nonpriority unsecured | claims) from line 6j of Schedule E/F | \$ | 913,561.96 |
| | | | Varus tatal linkilisia | • | 040 504 00 |
| | | | Your total liabilities | 5 D = | 913,561.96 |
| Part | 3: Summarize Your Inco | me and Expenses | | • | |
| 4. | Schedule I: Your Income (Of | | | œ. | 2,896.96 |
| | | | lle I | \$ | 2,030.30 |
| 5. | Schedule J: Your Expenses Copy your monthly expenses | , | | \$ | 2,800.00 |
| Part | 4: Answer These Questi | ons for Administrative and Sta | atistical Records | | |
| 6. | | cy under Chapters 7, 11, or 13 or report on this part of the form. | ? Check this box and submit this form to the court with yo | our other scl | nedules. |
| 7. | ■ Yes What kind of debt do you h | nave? | | | |
| | | | r debts are those "incurred by an individual primarily for -9g for statistical purposes. 28 U.S.C. § 159. | a personal | , family, or |
| | Your debts are not pri | | ave nothing to report on this part of the form. Check thi | s <i>box</i> and s | ubmit this form to |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 Christopher L Shane

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,242.39

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on <i>Schedule E/F</i> , copy the following: | Total | claim |
|--|-------|-----------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 57,354.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 57,354.00 |

| | rmation to identify you | _ | | |
|---------------------------------|-----------------------------|----------------------------------|--|---|
| Debtor 1 | Christopher L S First Name | hane Middle Name | Last Name | _ |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | _ |
| United States B | ankruptcy Court for the: | EASTERN DISTRICT OF | NEW YORK | _ |
| Case number | | | | ☐ Check if this is an amended filing |
| Official Ea | orm 106A/B | | | |
| | le A/B: Prop | oertv | | 12/15 |
| In each category, | separately list and descri | be items. List an asset only o | | ory, list the asset in the category where you |
| | re space is needed, attacl | | d people are filing together, both are equal n. On the top of any additional pages, write | |
| Part 1: Describe | e Each Residence, Buildin | ig, Land, or Other Real Estate | You Own or Have an Interest In | |
| 1. Do you own or | have any legal or equitab | ole interest in any residence, b | puilding, land, or similar property? | |
| No. Go to Pa | art 2. | | | |
| ☐ Yes. Where | is the property? | | | |
| Part 2: Describe | e Your Vehicles | | | |
| someone else dr | rives. If you lease a vehic | | nicles, whether they are registered or a ule G: Executory Contracts and Unexpire | |
| ■ No | | | | |
| ■ No □ Yes | | | | |
| — 100 | | | | |
| | | | al vehicles, other vehicles, and acces sels, snowmobiles, motorcycle accessor | |
| ■ No | | | | |
| ☐ Yes | | | | |
| | | | | |
| | | | ntries from Part 2, including any entrie | |
| Part 3: Describe | e Your Personal and Hou | sehold Items | | |
| · | , , , | itable interest in any of the | e following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | | e, linens, china, kitchenware | • | |
| — 163. Desi | OIIDO | | | |
| | | old furnishings | | \$1,000.00 |

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

Yes. Describe.....

Official Form 106A/B

| De | ebtor 1 | Christopher | L Shane Case numbe | r (if known) |
|------------|--|--|---|---|
| | | | | |
| | | | Computer and Cell Phone | \$300.00 |
| | | | | |
| 8. | | | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; sons, memorabilia, collectibles | tamp, coin, or baseball card collections; |
| | | Describe | | |
| 9. | | ent for sports ares: Sports, photogramusical instru | graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, ski | s; canoes and kayaks; carpentry tools; |
| | Yes. | Describe | | |
| | | | Golf Clubs in storage | \$100.00 |
| | | | | |
| 10. | Firearm | ıs | | |
| | | les: Pistols, rifles | s, shotguns, ammunition, and related equipment | |
| | ■ No | | | |
| | ⊔ Yes. | Describe | | |
| 11. | Clothes Examp | | othes, furs, leather coats, designer wear, shoes, accessories | |
| | _ | Describe | | |
| | | 20001120 | | |
| | | | Clothes | \$500.00 |
| 13. 14. | No Yes. Non-far Examp No Yes. Any oth No Yes. And the for Parity | les: Everyday jew Describe m animals les: Dogs, cats, b Describe ner personal and Give specific info | d household items you did not already list, including any health aids you did ormation of all of your entries from Part 3, including any entries for pages you have attoumber here | not list |
| | | | egal or equitable interest in any of the following? | Current value of the |
| <u></u> | o you ow | ii oi iiave aliy le | egal of equitable interest in any of the following: | portion you own? Do not deduct secured claims or exemptions. |
| 16. | □ No | | nave in your wallet, in your home, in a safe deposit box, and on hand when you file | your petition |
| | ■ Yes | | | |
| | | | Cash | \$500.00 |

| De | btor 1 | Christopher L Shane | Case number (if known) | |
|-------------|---------------|---|---|----------------------------|
| 17. | Deposi | its of money | | |
| | | | counts; certificates of deposit; shares in credit unions, brokerage hours with the same institution, list each. | uses, and other similar |
| I | □ No | | L. W. W. | |
| | Yes | | Institution name: | |
| | | | TD Bank | |
| | | 17.1. | xxxxxxx1640 | \$100.00 |
| | | | Bank of America | |
| | | 17.2. | Checking Account | \$450.00 |
| | | 17.2. | | |
| 18 | Ronds | , mutual funds, or publicly traded stocks | | |
| 10. | | oles: Bond funds, investment accounts with br | rokerage firms, money market accounts | |
| | No | | | |
| I | ☐ Yes | Institution or issuer | r name: | |
| 19. | Non-pu | ublicly traded stock and interests in incorp | porated and unincorporated businesses, including an interest in | n an LLC, partnership, and |
| | joint v | enture | • | |
| | ■ No | | | |
| | ⊔ Yes. | Give specific information about them Name of entity: | % of ownership: | |
| | | · | · | |
| 20. | | nment and corporate bonds and other neg | otiable and non-negotiable instruments ashiers' checks, promissory notes, and money orders. | |
| | | | ransfer to someone by signing or delivering them. | |
| | ■ No | | | |
| - 1 | ☐ Yes. | Give specific information about them | | |
| | | Issuer name: | | |
| | | ment or pension accounts oles: Interests in IRA, ERISA, Keogh, 401(k), | 403(b), thrift savings accounts, or other pension or profit-sharing pla | ans |
| | | List each account separately. | | |
| | – 165. | Type of account: | Institution name: | |
| | | | 400 | |
| | | | 403b account with American Century Investments | \$2,026,53 |
| | | | American centary investments | |
| 22 | Coourie | ty deposits and prepayments | | |
| ZZ . | Your s | hare of all unused deposits you have made s | so that you may continue service or use from a company | |
| | | oles: Agreements with landlords, prepaid rent, | , public utilities (electric, gas, water), telecommunications companies | s, or others |
| | ■ No | | to attack at any property of the attack at | |
| | ⊔ Yes. | | Institution name or individual: | |
| 23. | Annuit | ies (A contract for a periodic payment of mon | ney to you, either for life or for a number of years) | |
| | No | | | |
| | ☐ Yes | Issuer name and description. | | |
| 24. | Interest | ts in an education IRA, in an account in a c | qualified ABLE program, or under a qualified state tuition progr | am. |
| | | C. §§ 530(b)(1), 529A(b), and 529(b)(1). | | |
| | ■ No | Institution name and description | on. Separately file the records of any interests.11 U.S.C. § 521(c): | |
| | ☐ Yes | institution name and description | on. Separately file the records of any interests. IT 0.3.C. § 521(c). | |
| 25. | Trusts, | , equitable or future interests in property (| other than anything listed in line 1), and rights or powers exerc | isable for your benefit |
| | No | | | |
| | ☐ Yes. | Give specific information about them | | |
| 26. | Patents | s, copyrights, trademarks, trade secrets, a | and other intellectual property | |
| | | oles: Internet domain names, websites, proceed | | |
| | No | | | |
| | ⊔ Yes. | Give specific information about them | | |

| Debtor 1 | Christopher L Shane | Case number (if known) | |
|------------------------|--|--|---|
| | | | |
| Exam | ses, franchises, and other general intangibles ples: Building permits, exclusive licenses, cooperative as: | sociation holdings, liquor licenses, professional licenses | |
| ■ No □ Yes. | Give specific information about them | | |
| | property owed to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax re | funds owed to you | | |
| ■ No □ Yes. | Give specific information about them, including whether | you already filed the returns and the tax years | |
| 29. Family Exam | y support ples: Past due or lump sum alimony, spousal support, chi | ild support, maintenance, divorce settlement, property se | ettlement |
| | Give specific information | | |
| | amounts someone owes you ples: Unpaid wages, disability insurance payments, disab benefits; unpaid loans you made to someone else | vility benefits, sick pay, vacation pay, workers' compensa | ation, Social Security |
| | Give specific information | | |
| | sts in insurance policies ples: Health, disability, or life insurance; health savings ac | ccount (HSA); credit, homeowner's, or renter's insurance | • |
| ☐ Yes. | Name the insurance company of each policy and list its value of Company name: | value. Beneficiary: | Surrender or refund |
| | | · | value: |
| If you some | nterest in property that is due you from someone who are the beneficiary of a living trust, expect proceeds from one has died. | | e property because |
| ■ No □ Yes. | Give specific information | | |
| Exam ■ No | s against third parties, whether or not you have filed a pples: Accidents, employment disputes, insurance claims, | | |
| | Describe each claim | | |
| ■ No | contingent and unliquidated claims of every nature, in Describe each claim | ncluding counterclaims of the debtor and rights to s | et off claims |
| | nancial assets you did not already list | | |
| ■ No | Give specific information | | |
| 36. Add | the dollar value of all of your entries from Part 4, inclu eart 4. Write that number here | | \$3,076.53 |
| Part 5: De | escribe Any Business-Related Property You Own or Have an I | Interest In. List any real estate in Part 1. | |
| 37. Do you | own or have any legal or equitable interest in any business-r | related property? | |
| _ | o to Part 6. | | |
| ☐ Yes. (| Go to line 38. | | |

| Debto | or 1 Christopher L Shane | | | Case number (if known) | |
|--------------|---|--|--------------|------------------------------|------------|
| Part 6 | 6: Describe Any Farm- and Commercial Fish If you own or have an interest in farmland, lis | | ve an Intere | est In. | |
| 46. D | o you own or have any legal or equitabl | e interest in any farm- or comme | rcial fishi | ng-related property? | |
| | No. Go to Part 7. | | | | |
| | Yes. Go to line 47. | | | | |
| Part 7 | 7: Describe All Property You Own or Ha | ive an Interest in That You Did Not Li | st Above | | |
| | Oo you have other property of any kind y Examples: Season tickets, country club me | | | | |
| | No | mbership | | | |
| | Yes. Give specific information | | | | |
| | · | | | _ | |
| 54. | Add the dollar value of all of your entrie | s from Part 7. Write that number | here | | \$0.00 |
| Part 8 | 8: List the Totals of Each Part of this For | m | | | |
| | | | | | |
| | Part 1: Total real estate, line 2 | | | | \$0.00 |
| | Part 2: Total vehicles, line 5 | | \$0.00 | | |
| | Part 3: Total personal and household it | ems, line 15 <u>\$</u> | 1,900.00 | | |
| | Part 4: Total financial assets, line 36 | <u></u> | 3,076.53 | | |
| | Part 5: Total business-related property, | | \$0.00 | | |
| 60. I | Part 6: Total farm- and fishing-related p | roperty, line 52 | \$0.00 | | |
| 61. l | Part 7: Total other property not listed, li | ne 54 + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 thr | ough 61 \$ | 4,976.53 | Copy personal property total | \$4,976.53 |
| 63 . | Total of all property on Schedule A/B A | .dd line 55 + line 62 | | | \$4 Q76 53 |

| 31 | ll in thi <u>s inforn</u> | nation to identify your case | e: | | | | |
|--------------------------|--|---|---|--|--|--|-------------------|
| | ebtor 1 | Christopher L Shane | | | | | |
| | | First Name | Middle Name | L | ast Name | | |
| | ebtor 2 oouse if, filing) | First Name | Middle Name | | ast Name | | |
| | | | ASTERN DISTRICT OF N | | | | |
| UI | illeu States Dai | nkruptcy Court for the: E | ASTERN DISTRICT OF N | _ VV 1 ' | OKK | | |
| | ase number known) | | | | | ☐ Check if this is a amended filing | ın |
| \sim | · · · · · - | 4000 | | | | - | |
| | fficial Fo | | | | | | |
| S | chedule | e C: The Prop | erty You Cla | <u>aim</u> | as Exempt | | 4/16 |
| the nee cas | property you list eded, fill out and se number (if kn | sted on <i>Schedule A/B: Prop</i> d attach to this page as man nown). | erty (Official Form 106A/B) by copies of <i>Part 2: Addition</i> |) as yo nal Pa | ther, both are equally responsible for our source, list the property that you age as necessary. On the top of any | claim as exempt. If more spar additional pages, write your n | ce is name and |
| spe any fun exe | ecific dollar and a policable standard and a policable standard and a policable and a policabl | nount as exempt. Alternati atutory limit. Some exemp nlimited in dollar amount. | vely, you may claim the f ptions—such as those for However, if you claim an | full fai r heal n exen | ount of the exemption you claim. ir market value of the property be th aids, rights to receive certain to nption of 100% of fair market valu letermined to exceed that amoun | eing exempted up to the amo penefits, and tax-exempt reti ue under a law that limits the | ount of rement |
| Pa | rt 1: Identif | y the Property You Claim | as Exempt | | | | |
| 1. | Which set of | exemptions are you claim | ning? Check one only, eve | n if yo | our spouse is filing with you. | | |
| | You are cla | aiming state and federal non | bankruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | | |
| | | aiming federal exemptions. | | | | | |
| 2 | | | 5 ()() | emnt | fill in the information below | | |
| ۷. | For any property you list on <i>Schedule A/B</i> that you claim as exempt, fill in the information below. Brief description of the property and line on Current value of the Amount of the exemption you claim | | Specific laws that allow exem | ntion | | | |
| | | that lists this property | portion you own Copy the value from Schedule A/B | Check only one box for each exemption. | | | |
| | Household | furnishings | \$1,000.00 | | \$1,000.00 | NYCPLR § 5205(a)(5) | |
| | Line from Sch | nedule A/B: 6.1 | | _ | 100% of fair market value, up to any applicable statutory limit | | |
| | | and Cell Phone nedule A/B: 7.1 | \$300.00 | | \$300.00 | NYCPLR § 5205(a)(5) | |
| | | | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Golf Clubs | in storage nedule A/B: 9.1 | \$100.00 | | \$100.00 | NYCPLR § 5205(a)(1) | |
| | | | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Clothes | nedule A/B: 11.1 | \$500.00 | | \$500.00 | NYCPLR § 5205(a)(5) | |
| | | | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Cash | nedule A/B: 16.1 | \$500.00 | | \$500.00 | Debtor & Creditor Law 283(2) | § |
| | LING HOTH SCI | 104416 A/D. 1 9. 1 | | | 100% of fair market value, up to any applicable statutory limit | 200(2) | |

Official Form 106C

| De | Christopher L Shane | | Case number (if known) | | |
|----|--|--------------------------------------|---|--------------------------------|--|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | , , , , , , , , , , , , , , , , , | | |
| | | Copy the value from Schedule A/B | Check only one box for each exemption. | | |
| | TD Bank xxxxxxx1640 | \$100.00 | \$100.00 | NYCPLR § 5205(a)(9) | |
| | Line from Schedule A/B: 17.1 | | ☐ 100% of fair market value, up to any applicable statutory limit | | |
| | Bank of America Checking Account | \$450.00 | \$450.00 | Debtor & Creditor Law § 283(2) | |
| | Line from Schedule A/B: 17.2 | | ☐ 100% of fair market value, up to any applicable statutory limit | 200(2) | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every No Yes. Did you acquire the property covered No Yes | 3 years after that for ca | | , | |

| Fill in this infor | Fill in this information to identify your case: | | | | | |
|---------------------|---|--------------------|------------|--|--|--|
| Debtor 1 | Christopher L Sh | ane | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States B | ankruptcy Court for the: | EASTERN DISTRICT O | F NEW YORK | | | |
| Case number | | | | | | |
| (if known) | | | | | | |
| | | | | | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

| Fill in this | information to identify your | case: | | | | | |
|---|--|---|--|-----------------------------|-------------------|---|--|
| Debtor 1 | Christopher L Sha | ane | | | | | |
| DODIO! 1 | First Name | Middle Name | | Last Name | | | |
| Debtor 2 | | | | | | | |
| (Spouse if, filir | ng) First Name | Middle Name | | Last Name | | | |
| United Sta | tes Bankruptcy Court for the: | EASTERN DIST | RICT OF NE | W YORK | | | |
| Case numb | ner | | | | | | |
| (if known) | | | | | | | Check if this is an |
| | | | | | | a | mended filing |
| Official | Form 106E/E | | | | | | |
| | <u>Form 106E/F</u> Ile E/F: Creditors W | ha Haya Hr | 2000UF06 | l Claima | | | 12/15 |
| | ete and accurate as possible. Us | | | | 2. 101 | Proceedings to MONDRIGHTY (1) | |
| Schedule G: Schedule D: left. Attach t name and ca | ry contracts or unexpired leases Executory Contracts and Unexpi Creditors Who Have Claims Sect he Continuation Page to this pagase number (if known). | red Leases (Officia ured by Property. If e. If you have no in | l Form 106G). more space is | Do not include needed, copy | any creditors | s with partially secured claims need, fill it out, number the en | that are listed in tries in the boxes on the |
| | List All of Your PRIORITY Un | | | | | | |
| 1. Do any | creditors have priority unsecured | d claims against yo | u? | | | | |
| | Go to Part 2. | | | | | | |
| ☐ Yes. | | | | | | | |
| Part 2: | List All of Your NONPRIORIT | Y Unsecured Cla | ims | | | | |
| 3. Do any | creditors have nonpriority unsec | ured claims agains | st you? | | | | |
| ☐ No. | You have nothing to report in this pa | art. Submit this form | to the court with | h your other sche | edules. | | |
| Yes. | | | | | | | |
| 4 Lietall | of your nonpriority unsecured cl | nime in the alphabe | stical order of t | ho croditor who | holds oach | claim. If a graditar has more the | n ana nannriarity |
| unsecur | of your nonpriority unsecured cla ed claim, list the creditor separately e creditor holds a particular claim, li | for each claim. For | each claim liste | ed, identify what t | ype of claim it | is. Do not list claims already in | cluded in Part 1. If more |
| | | | | | | | Total claim |
| 4.1 AI | lied Interstate | Las | t 4 digits of ac | count number | 8228 | | \$125.00 |
| | npriority Creditor's Name | | _ | | | | · · |
| | o Box 1954 outhgate, MI 48195 | Who | en was the del | ot incurred? | 2015 | | _ |
| | mber Street City State Zlp Code | As | of the date you | ı file, the claim i | is: Check all t | hat apply | |
| Wh | no incurred the debt? Check one. | | | | | | |
| | Debtor 1 only | | Contingent | | | | |
| | Debtor 2 only | | Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | | Disputed | | | | |
| | At least one of the debtors and and | ther Typ | e of NONPRIO | RITY unsecured | d claim: | | |
| | Check if this claim is for a comm | nunity 🔲 : | Student loans | | | | |
| del | ot he claim subject to offset? | | • | • | ration agreem | nent or divorce that you did not | |
| | No | | ort as priority cla Debts to pensio | | n nlane and o | other similar debts | |
| | | | • | ·- | ig piaris, ariu (| סנוסו סווווומו עבטנס | |
| 니 | Yes | | Other. Specify | Collection | | | |

| Debtor | 1 Christopher L Shane | | Case number (if know) | | | |
|--------|--|---|---|-------------|--|--|
| 4.2 | American Express | Last 4 digits of account number | 2933 | \$23,587.00 | | |
| | Nonpriority Creditor's Name Correspondence Po Box 981540 El Paso, TX 79998 | When was the debt incurred? | Opened 01/06 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | |
| | Who incurred the debt? Check one. | _ | | | | |
| | Debtor 1 only | Contingent | | | | |
| | Debtor 2 only | Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | ☐ Check if this claim is for a community debt | Student loans | | | | |
| | Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify Credit Card | Other. Specify Credit Card | | | |
| 4.3 | American Express Nonpriority Creditor's Name | Last 4 digits of account number | 3133 | \$3,705.00 | | |
| | Correspondence Po Box 981540 | When was the debt incurred? | Opened 12/06 | | | |
| | El Paso, TX 79998 Number Street City State Zlp Code | As of the date you file, the claim | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | to of the date you me, the claim | o. Oncok all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ At least one of the debtors and another | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | |
| | debt | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharin | | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | |
| 4.4 | American Express Nonpriority Creditor's Name | Last 4 digits of account number | 9283 | \$2,492.00 | | |
| | Correspondence Po Box 981540 | When was the debt incurred? | Opened 03/06 | | | |
| | El Paso, TX 79998 Number Street City State Zlp Code | | in Charle all that apply | | | |
| | Who incurred the debt? Check one. | As of the date you file, the claim | s: Спеск ан тлат арргу | | | |
| | ■ Debtor 1 only | Contingent | | | | |
| | Debtor 2 only | ☐ Contingent ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| | ■ No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | ■ Other. Specify Credit Card | I | | | |

| Debto | Christopher L Shane | Case number (if know) | | | | |
|-------|--|--|--|------------|--|--|
| 4.5 | American Medical | Last 4 digits of account number | 9531 | \$378.00 | | |
| | Nonpriority Creditor's Name Collection Agency 2269 S Saw Mill River Rd Bldg 3 Elmsford, NY 10523 | When was the debt incurred? | 2015 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | | | |
| | No | report as priority claims Debts to pension or profit-sharin | a plane, and other cimilar debts | | | |
| | • | | 51 , | | | |
| | Yes | Other. Specify Medical Se | rvices | | | |
| 4.6 | ARS National Services Inc Nonpriority Creditor's Name | Last 4 digits of account number | 9870 | \$3,863.00 | | |
| | PO Box 469100 Escondido, CA 92046-9100 | When was the debt incurred? | 2016 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify Medical Se | rvices | | | |
| 4.7 | Att Mobility Nonpriority Creditor's Name | Last 4 digits of account number | 4484 | \$226.00 | | |
| | Diversified Consultants Inc. Po Box 551268 | When was the debt incurred? | Opened 10/17 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | |
| | <u> </u> | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | , | | | | |
| | At least one of the debtors and another | Student loans | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | □Yes | ■ Other. Specify Cell phone | charges | | | |

| Debtor 1 Christopher L Shane | | Case number (if know) | | | | |
|------------------------------|--|---|--|------------|--|--|
| 4.8 | Barclays Bank Delaware | Last 4 digits of account number | 2990 | \$1,931.00 | | |
| | Nonpriority Creditor's Name Attn: Correspondence Po Box 8801 Wilmington, DE 19899 | When was the debt incurred? | Opened 05/14 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | |
| 4.9 | Berman & Rabin PA Nonpriority Creditor's Name | Last 4 digits of account number | 0751 | \$100.00 | | |
| | 15280 Metcalf Ave Overland Park, KS 66223 | When was the debt incurred? | 2015 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | \square Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | Yes | Other. Specify Medical Ser | rvices | | | |
| 4.1 0 | Capital One | Last 4 digits of account number | 4000 | \$485.00 | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 | When was the debt incurred? | Opened 09/04 | | | |
| | Salt Lake City, UT 84130 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | Debtor 1 only | O continuent | | | | |
| | | | | | | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | | | | | |
| | At least one of the debtors and another | d claim: | | | | |
| | ☐ Check if this claim is for a community | Type of NONPRIORITY unsecured ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | Yes | ■ Other. Specify Credit Card | | | | |

| Debto | Christopher L Shane | Case number (if know) | | | | | |
|----------|--|---|--|------------|--|--|--|
| 4.1 | Canital One | | 0036 | \$1,520.00 | | | |
| 1 | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | | \$1,520.00 | | | |
| | Attn: Bankruptcy Po Box 30285 | When was the debt incurred? | Opened 12/10 | | | | |
| | Salt Lake City, UT 84130 | _ | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | | | | |
| | Who incurred the debt? Check one. | _ | | | | | |
| | Debtor 1 only | Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | | |
| 4.1 | Capital One | Last 4 digits of account number | 1869 | \$459.00 | | | |
| | Nonpriority Creditor's Name | | | ******* | | | |
| | PO Box 71083 Charlotte, NC 28272-1083 | When was the debt incurred? | 2016 | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | debt Is the claim subject to offset? | | | | | | |
| | No | Debts to pension or profit-sharin | | | | | |
| | | · · · | | | | | |
| | Yes | Other. Specify Revolving | | | | | |
| 4.1 3 | Chase Card Services | Last 4 digits of account number | 8188 | \$5,241.00 | | | |
| | Nonpriority Creditor's Name Correspondence Dept | When was the debt incurred? | Opened 05/11 | | | | |
| | Po Box 15298 | when was the dept incurred: | Opened 03/11 | | | | |
| | Wilmington, DE 19850 | | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent ☐ Unliquidated | | | | | |
| | Debtor 2 only | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | | |
| | | Debts to pension or profit-sharin | a plane, and other similar dobts | | | | |
| | ■ No | | | | | | |
| | ☐ Yes | ■ Other. Specify Credit Card | | | | | |

| Debtor 1 Christopher L Shane | | Case number (if know) | | | | |
|------------------------------|---|--|--|------------|--|--|
| 4.1 | Chase Card Services | | 7300 | \$3,650.00 | | |
| 4 | Nonpriority Creditor's Name | Last 4 digits of account number | | ψ3,030.00 | | |
| | Correspondence Dept Po Box 15298 | When was the debt incurred? | Opened 06/08 | | | |
| | Wilmington, DE 19850 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | |
| 4.1 | Citibank | Last 4 digits of account number | 3183 | \$3,863.00 | | |
| 5 | Nonpriority Creditor's Name | | | 40,000.00 | | |
| | Centralized Bankruptcy Po Box 790034 | When was the debt incurred? | Opened 03/13 | | | |
| | St Louis, MO 63179 Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | |
| 4.1 | Danira Munari | Last 4 digits of account number | | Unknown | | |
| | Nonpriority Creditor's Name 355 South End Avenue | When was the debt incurred? | | | | |
| | Apt. 28K New York, NY 10280 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | |
| | ■ Debtor 1 only | | | | | |
| | Debtor 2 only | | | | | |
| | Debtor 1 and Debtor 2 only | | | | | |
| | At least one of the debtors and another | d claim: | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt | | ration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | · | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | □Yes | Other Specify Possible da | amages due to legal action | | | |

| Debto | Christopher L Shane | Case number (if know) | | | | | | |
|----------|---|--|--|------------|--|--|--|--|
| 4.1 7 | Elan Financial Service | Last 4 digits of account number | 7100 | \$1,766.00 | | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5229 | When was the debt incurred? | Opened 03/13 | | | | | |
| | Cincinnati, OH 45201 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | ■ Debtor 1 only | | | | | | | |
| | Debtor 2 only | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | | | |
| 4.1 8 | EZ Pass Violation | Last 4 digits of account number | 5511 | \$52.00 | | | | |
| | Nonpriority Creditor's Name Processing Po Box 52005 Newark, NJ 07101 | When was the debt incurred? | 2015 | | | | | |
| | Number Street City State Zlp Code | | | | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ Disputed | | | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | ☐ Yes | Other. Specify | | | | | | |
| 4.1 | | | | | | | | |
| 9 | First Data Nonpriority Creditor's Name | Last 4 digits of account number | 3000 | \$901.00 | | | | |
| | 5565 Glenridge Connector North Easte Ste 2000 | When was the debt incurred? | Opened 8/01/12 | | | | | |
| | Atlanta, GA 30342 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | _ | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | | |
| | ■ No □ Yes | · | g plans, and other similar debts | | | | | |
| | | Other. Specify Lease | | | | | | |

| Debtor 1 Christopher L Shane | | Case number (if know) | | | | | |
|------------------------------|--|--|--|---------------------|--|--|--|
| 4.2 | First Source | Last 4 digits of account number | 6967 | \$548.00 | | | |
| 0 | Nonpriority Creditor's Name Advantage LLC 205 Bryant Woods S | When was the debt incurred? | 2015 | Ψ 1.0.00 | | | |
| | Buffalo, NY 14228 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | |
| | Debtor 1 only | Occasion and | | | | | |
| | Debtor 2 only | ☐ Contingent☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | <u> </u> | | | | | |
| | ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | | | | |
| | _ | ☐ Student loans | | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Bank fees | g prants, and care similar assets | | | | |
| 40 | | | | | | | |
| 4.2 1 | GLSNY LLC | Last 4 digits of account number | 4009 | \$55.00 | | | |
| | Nonpriority Creditor's Name c/o Savit Collection Po Box 250 | When was the debt incurred? | Opened 09/15 | | | | |
| | East Brunswick, NJ 08816 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated ☐ Disputed | | | | | |
| | Debtor 1 and Debtor 2 only | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | ☐ Check if this claim is for a community | | | | | | |
| | debt Is the claim subject to offset? | | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Medical Se | rvices | | | | |
| 4.2 | Gross Fusco 55 Partners | | 2015 | \$382,569.90 | | | |
| 2 | Nonpriority Creditor's Name | Last 4 digits of account number | | \$362,309.90 | | | |
| | a/k/a GF55 Partners 19 West 21st Street | When was the debt incurred? | 3/2016 | | | | |
| | New York, NY 10010 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | | | | | |
| | Is the claim subject to offset? | report as priority claims | 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | □Yes | ■ Other. Specify Restitution | | | | | |

| Debtor 1 Christopher L Shane | | Case number (if know) | | | | |
|------------------------------|--|---|--|--------------|--|--|
| 4.2 | Londing Club Com | | 77.42 | ¢4.cco.oo | | |
| 3 | Lending Club Corp Nonpriority Creditor's Name | Last 4 digits of account number | 7743 | \$4,668.00 | | |
| | 71 Stevenson St | When was the debt incurred? | Opened 02/12 | | | |
| | Suite 300 | | | | | |
| | San Francisco, CA 94105 Number Street City State Zlp Code | As of the data you file, the claim i | S. Chaele all that apply | | | |
| | Who incurred the debt? Check one. | As of the date you file, the claim | s. Спеск ан тат арру | | | |
| | ■ Debtor 1 only | O continuent | | | | |
| | Debtor 2 only | ☐ Contingent ☐ Unliquidated | | | | |
| | | _ ` | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | 1 claim: | | | |
| | At least one of the debtors and another | Student loans | . oldiii. | | | |
| | ☐ Check if this claim is for a community debt | _ | ration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | ☐ Yes | Other. Specify Loan | | | | |
| | | | | | | |
| 4.2 4 | LVNV Funding/ | Last 4 digits of account number | 1869 | \$562.00 | | |
| | Nonpriority Creditor's Name Resurgent Capital | When was the debt incurred? | Opened 12/17 | | | |
| | Po Box 10497 | when was the dept incurred: | Opened 12/17 | | | |
| | Greenville, SC 29603 | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | Debtor 1 only | | | | | |
| | ☐ Debtor 2 only | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | No | Debts to pension or profit-sharin | a plans, and other similar debts | | | |
| | □ Yes | | for HSBC Nevada | | | |
| | T les | Other. Specify Collection | - | | | |
| 4.2 | Majory Rossin | Last 4 digits of account number | 2015 | \$370,969.06 | | |
| 5 | Nonpriority Creditor's Name | | | , | | |
| | c/o Lewis Baach PLLC | When was the debt incurred? | 3/2016 | | | |
| | Kaufman Middlemiss 405 Lexington Ave 62nd fl | | | | | |
| | New York, NY 10174 | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt | Obligations arising out of a sepa | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | No | ☐ Debts to pension or profit-sharin | | | | |
| | ☐ Yes | Other. Specify Restitution | judgment | | | |

| Debto | Christopher L Shane | Case number (if know) | | | | |
|----------|--|--|--|-------------|--|--|
| 4.2 | Noal Mosnick MD | Local Control Control | 1373 | \$758.00 | | |
| 6 | Neal Mesnick, MD Nonpriority Creditor's Name | Last 4 digits of account number | | \$750.00 | | |
| | 5 West 16th Street New York, NY 10011 | When was the debt incurred? | 2015 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | ■ Other. Specify Medical Se | rvices | | | |
| 4.2 | Nys Higher Ed Services | Look & divite of account number | 3992 | \$13,639.00 | | |
| 7 | Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ10,000.00 | | |
| | 99 Washington Ave Albany, NY 12210 | When was the debt incurred? | Opened 2012 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | | | | |
| | Who incurred the debt? Check one. | | | | | |
| | ■ Debtor 1 only | Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | d claim: | | | | |
| | ☐ At least one of the debtors and another | | | | | |
| | ☐ Check if this claim is for a community | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | ☐ Yes | Other. Specify | | | | |
| | | Student Lo | an | | | |
| 4.2 8 | Professional Claims | Last 4 digits of account number | 0356 | \$360.00 | | |
| | Nonpriority Creditor's Name | When was the debt incurred? | 2015 | | | |
| | Bureau, Inc PO Box 9060 Hicksville, NY 11802 | when was the dept incurred? | 2015 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | | | | | |
| | ☐ Debtor 2 only | | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt | | ration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharir | g plans, and other similar debts | | | |
| | □Yes | ■ Other Specify Medical Se | rvices | | | |

| Debtor 1 Christopher L Shane | | Case number (if know) | | | |
|------------------------------|--|---|--|-----------------|--|
| 4.2 | Professional Olehan | | 0250 | \$252.00 | |
| 9 | Professional Claims Nonpriority Creditor's Name | Last 4 digits of account number | <u>0356</u> | \$360.00 | |
| | Bureau, Inc | When was the debt incurred? | 2015 | | |
| | PO Box 9060 | | | | |
| | Hicksville, NY 11802 Number Street City State Zlp Code | | er Charle all that are also | | |
| | Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| | Debtor 1 only | | | | |
| | _ | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | 1 claim: | | |
| | At least one of the debtors and another | Student loans | . Oldiiii. | | |
| | ☐ Check if this claim is for a community debt | _ | ration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | ration agreement of divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | ■ Other. Specify Medical Se | | | |
| 4.3 | | | | | |
| 0 | Stonleigh Recovery | Last 4 digits of account number | 5763 | \$708.00 | |
| | Nonpriority Creditor's Name Associates | When was the debt incurred? | 1/2016 | | |
| | Po Box 1479 | | | | |
| | Lombard, IL 60148 | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| | _ | ☐ Contingent | | | |
| | Debtor 1 only | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | | | |
| | At least one of the debtors and another | Student loans | a Giaiiii. | | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | | | |
| | Is the claim subject to offset? | report as priority claims | ration agreement of avoice that you did not | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | ■ Other. Specify Revolving | credit | | |
| 4.3 | | | | | |
| 1 | Suntrust Bank | Last 4 digits of account number | <u>5757</u> | \$9,398.00 | |
| | Nonpriority Creditor's Name Attn: Bankruptcy | When was the debt incurred? | Opened 05/13 | | |
| | Po Box 85092 | | | | |
| | Mc Va-Wmrk-7952 | | | | |
| | Richmond, VA 23286 Number Street City State Zlp Code | As of the date you file, the claim i | s. Check all that apply | | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | 5. Спеск ан тат арріу | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ` | | | |
| | ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | | | |
| | ☐ Check if this claim is for a community | Student loans | | | |
| | debt | ☐ Obligations arising out of a sepa | | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other. Specify Automobile | deficiency | | |

| Debto | Christopher L Shane | Case number (if know) | | | | | |
|-------|--|---|---|-------------|--|--|--|
| 4.3 | Syncb/Care Credit | Last 4 digits of account number | 8454 | \$3,781.00 | | | |
| 2 | Nonpriority Creditor's Name 950 Forrer Blvd | When was the debt incurred? | Opened 07/13 | ψ3,701.00 | | | |
| | Kettering, OH 45420 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another☐ Check if this claim is for a community | Type of NONPRIORITY unsecured ☐ Student loans | d claim: | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Charge Acc | | | | | |
| 4.3 | Td Bank North | Last 4 digits of account number | 8041 | \$1,432.00 | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1190 | When was the debt incurred? | Opened 04/12 | | | | |
| | Lewston, ME 04243 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | Yes | Other Specify Unsecured | | | | | |
| 4.3 | Timepayment Corp, LLC. | Last 4 digits of account number | 8422 | \$19,919.00 | | | |
| | Nonpriority Creditor's Name 16 New England Executive Office Park S | When was the debt incurred? | Opened 06/13 | | | | |
| | Burlington, MA 01803 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | |
| | No | | rofit-sharing plans, and other similar debts | | | | |
| | Yes | ■ Other. Specify Rental Agre | eement | | | | |

| Debtor | 1 Christopher L Shane | | Case number (if know) | | | | | |
|--|---|--|--|-------------------------|--|--|--|--|
| 4.3 | U.S. Dept of Education | Last 4 digits of account number | 9866 | \$43,715.00 | | | | |
| | Nonpriority Creditor's Name Ecmc/Bankruptcy Po Box 16408 | When was the debt incurred? | Opened 10/09 -9/11 | | | | | |
| Saint Paul, MN 55116 Number Street City State Zlp Code Who incurred the debt? Check one. | | As of the date you file, the claim | is: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | ☐ Yes | Other. Specify | | | | | | |
| | | Student Lo | ans | | | | | |
| 4.3 | Velocity Investments LLC | Last 4 digits of account number | 1516 | \$5,776.00 | | | | |
| | Nonpriority Creditor's Name c/o Malen & Associates 123 Frost Street Westbury, NY 11590 | When was the debt incurred? | 2015 | | | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | | As of the date you file, the claim is: Check all that apply | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | | | | | |
| | No | Debts to pension or profit-sharing | | | | | | |
| | ☐ Yes | Other. Specify Collection | Account for Credit card | | | | | |
| | <u></u> | | | | | | | |
| is tryi have i notifie | List Others to Be Notified About a D his page only if you have others to be notified ing to collect from you for a debt you owe to a more than one creditor for any of the debts the ed for any debts in Parts 1 or 2, do not fill out and Address | d about your bankruptcy, for a debt that y someone else, list the original creditor in hat you listed in Parts 1 or 2, list the addi | Parts 1 or 2, then list the collection agency tional creditors here. If you do not have add | here. Similarly, if you | | | | |
| EZ Pa | | | Part 1: Creditors with Priority Unsecured Clair | ms | | | | |
| Ste 11 | stchester Plaza 0 | | Part 2: Creditors with Nonpriority Unsecured | Claims | | | | |
| EIIIISI | ord, NY 10523 | Last 4 digits of account number | | | | | | |
| HSBC | | On which entry in Part 1 or Part 2 did you Line 4.24 of (<i>Check one</i>): | list the original creditor? Part 1: Creditors with Priority Unsecured Clair | ms | | | | |
| Attn: Bankruptcy Dept Po Box 5213 | | • | Part 2: Creditors with Nonpriority Unsecured | Claims | | | | |
| Carol | Stream, IL 60197 | Last 4 digits of account number | | | | | | |
| Nama a | nd Address | On which ontry in Bort 1 or Bort 2 did you | list the original creditor? | | | | | |
| | nd Address Baach PLLC | On which entry in Part 1 or Part 2 did you Line 4.22 of (<i>Check one</i>): | list the original creditor? $oldsymbol{l}$ Part 1: Creditors with Priority Unsecured Clair | ms | | | | |
| | nann Middlemiss exington Avenue Floor | | Part 2: Creditors with Nonpriority Unsecured | | | | | |

| Debtor 1 Christopher L Shane | | Case number (if know) | |
|--|--|---|--|
| New York, NY 10174 | | | |
| | Last 4 digits of account number | | |
| Name and Address | On which entry in Part 1 or Part 2 did | , | |
| MRS Associates Inc | Line 4.13 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | |
| 1930 Olney Avenue Cherry Hill, NJ 08003 | | Part 2: Creditors with Nonpriority Unsecured Claims | |
| | Last 4 digits of account number | | |
| Name and Address | On which entry in Part 1 or Part 2 did | , | |
| NCB Mgmt Services Inc One Allied Drive | Line 4.33 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | |
| Feasterville Trevose, PA 19053 | | Part 2: Creditors with Nonpriority Unsecured Claims | |
| | Last 4 digits of account number | | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | | |
| Northstar Location Svcs 4285 Genesee Street | Line 4.8 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | |
| Buffalo, NY 14225 | | Part 2: Creditors with Nonpriority Unsecured Claims | |
| | Last 4 digits of account number | | |
| Name and Address | On which entry in Part 1 or Part 2 did | you list the original creditor? | |
| Smith Carroad Levy & Wan | Line 4.34 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| 5306 Jericho Turnpike Suite 201 | | Part 2: Creditors with Nonpriority Unsecured Claims | |
| Commack, NY 11725 | | | |
| | Last 4 digits of account number | | |
| Name and Address | On which entry in Part 1 or Part 2 did | you list the original creditor? | |
| United Collection Bureau | Line 4.14 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | |
| 5620 Southwyck Blvd Suite 206 | | Part 2: Creditors with Nonpriority Unsecured Claims | |
| Toledo, OH 43614 | | | |
| | Last 4 digits of account number | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|------------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| T. | 6f. | Student loans | 6f. | \$ 57,354.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | • • • • | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 856,207.96 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 913,561.96 |

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|--------------------|------------|--------------------|
| Debtor 1 | Christopher L Sh | ane | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | F NEW YORK | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is |
| | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with Name, Number | whom you have th r, Street, City, State and ZIF | e contract or lease ^o Code | State what the contract or lease is for |
|-----|-----------|------------------------------|--|--|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | <u> </u> |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | <u> </u> |
| 2.4 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u></u> |
| | City | | State | ZIP Code | _ |

Official Form 106G

| Fill in thi | s information to identify your | case: | | | |
|---------------------------------------|--|---|--|---|--|
| Debtor 1 | Christopher L Sh | | | | |
| 20010. | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fi | iling) First Name | Middle Name | Last Name | | |
| | - | | | | |
| United St | ates Bankruptcy Court for the: | EASTERN DISTRICT OF | F NEW YORK | | |
| Case nun (if known) | nber | | | | ☐ Check if this is an amended filing |
| | al Form 106H <mark>dule H: Your Cod</mark> | ebtors | | | 12/15 |
| people ar fill it out, your nam | e filing together, both are equ and number the entries in the e and case number (if known) | ally responsible for suppl boxes on the left. Attach Answer every question. | lying correct information the Additional Page to | on. If more space is r this page. On the to | ate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write |
| 1. Do | you have any codebtors? (If | you are filing a joint case, d | o not list either spouse a | s a codebtor. | |
| □ No ■ Ye | | | | | |
| | thin the last 8 years, have you na, California, Idaho, Louisiana, | | | | |
| ■ No | o. Go to line 3. | | | | |
| □ Ye | es. Did your spouse, former spou | use, or legal equivalent live | with you at the time? | | |
| in lin Form | e 2 again as a codebtor only i | f that person is a guarant | or or cosigner. Make s | ure you have listed t | g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fil |
| | Column 1: Your codebtor Name, Number, Street, City, State and Zi | IP Code | | Column 2: The cre Check all schedule | editor to whom you owe the debt es that apply: |
| 3.1 | Danira Munari 355 South End Avenue Apt. 28K New York, NY 10280 | | | ☐ Schedule D, I ■ Schedule E/F ☐ Schedule G _ Timepayment C | , line 4.34 |

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| Fill | in this information to identify your c | ase: | | | | l | | | | | |
|-------------------|---|---|---|-----------|------|---------------|-------------------------------|-------------------------|-------------------------|----------|--|
| De | otor 1 Christopher | L Shane | | | | | | | | | |
| | btor 2 buse, if filing) | | | | _ | | | | | | |
| Uni | ited States Bankruptcy Court for the | EASTERN DISTRICT | OF NEW YORK | | | | | | | | |
| | se number | | - | | | | | ed filing ent showir | ng postpetition | | |
| O | fficial Form 106I | | | | | | | | Showing date. | | |
| | chedule I: Your Inc | ome | | | | MM / DD/ YYYY | | | | | |
| spo atta Pa | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. It 1: Describe Employment | ır spouse is not filing w | ith you, do not includ | de infor | mati | on aboเ | it your spe | ouse. If m | ore space is | needed, | |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor 2 or non-filing spouse | | | | |
| | If you have more than one job, attach a separate page with information about additional employers. | Employment status Employed Not employed | | | | ☐ Empl | oyed mployed | | | | |
| | | Occupation | Shift Leader | | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | yer's name Kotti Berliner Doner Kehab | | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 445 Albee Square West Brooklyn, NY 11201 | | | | | | | | |
| | | How long employed t | here? 8 month | าร | | | . <u> </u> | | | | |
| Pa | Give Details About Mon | nthly Income | | | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to re | port for | any | line, wri | te \$0 in the | space. In | clude your no | n-filing | |
| | ou or your non-filing spouse have me e space, attach a separate sheet to | | ombine the information | n for all | empl | oyers fo | r that perso | on on the li | ines below. If | you need | |
| | | | | | | For De | ebtor 1 | | btor 2 or ing spouse | | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | ; | 3,883.53 | \$ | N/A | - | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | - | |
| 4 | Calculate gross Income. Add li | ne 2 + line 3 | | 4 | 2 | 3.5 | 183 53 | \$ | N/A | | |

Official Form 106I Schedule I: Your Income page 1

| Debtor 1 | | Christopher L Shane | - | C | Case number (if ki | nown) | | | | |
|----------|---|--|-----------------|----|--------------------|--------------|-----------|--------------------------|----------------|------------------|
| | Com | ny line 4 hore | 4 | | For Debtor 1 | . 50 | n | or Debtor on-filing s | spouse | |
| | Cop | y line 4 here | 4. | | \$3,883 | 3.53 | _ \$ | | N/A | <u>-</u> |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | | | 1.04 | _ | | N/A | _ |
| | 5b. | Mandatory contributions for retirement plans | 5b. | | | 0.00 | _ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | | 2.53 | - 1 | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d. | | | 0.00 | _ | | N/A | _ |
| | 5e. 5f. | Insurance Demostic cupport obligations | 5e. 5f. | | | 0.00 | | | N/A | _ |
| | 5g. | Domestic support obligations Union dues | 5g. | | · | 0.00 0.00 | | | N/A N/A | _ |
| | 5g. 5h. | Other deductions. Specify: | 5h. | | · | 0.00 | | | N/A | _ |
| 6. | | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | _ 6. | | · —— | | - | - | | _ |
| | | | | | | 5.57 | | - | N/A | _ |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | • | \$ 2,896 | 0.96 | - Ф | | N/A | <u> </u> |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a | | \$ | | \$ | | NI/A | |
| | 8b. | Interest and dividends | 8b. | | · | 0.00 0.00 | | | N/A N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | | | 0.00 | - * | | N/A | = |
| | 8d. | Unemployment compensation | 8d | | | 0.00 | _ | | N/A | _ |
| | 8e. | Social Security | 8e. | | \$ | 0.00 | \$ | | N/A | \ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | e 8f. 8g. | | | 0.00 0.00 | _ | | N/A N/A | _ |
| | 8g. 8h. | Other monthly income. Specify: | 8h. | | , | | - + \$ | | N/A | _ |
| | 0 | | | ·· | | | - · • | | | <u></u> |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | | 0.00 | \$ | | N/A | A |
| 10. | Calo | culate monthly income. Add line 7 + line 9. | 10. | \$ | 2,896.96 | + 5 | 5 | N/A | = \$ | 2,896.96 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | _ | , | | | | 1 [_ | , |
| 11. | 1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 | | | | | | | | | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | | | \$ | 2,896.96 |
| 13. | Do | you expect an increase or decrease within the year after you file this form | ? | | | | | | Combi month | ned ly income |
| | | No. | | | | | | | | |
| | П | Yes. Explain: | | | | | | | | |

Official Form 106I Schedule I: Your Income page 2

| Fill | in this information to identify your case: | | | | | | | |
|-------|---|---|-----------------------------|---|---|--|--|--|
| Deb | otor 1 Christopher L Shane | Check if this is: | | | | | | |
| Deb | otor 2 | | _ | An amended filing A supplement show | ving postpetition chapter | | | |
| (Sp | ouse, if filing) | | | | the following date: | | | |
| Unit | ted States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YO | DRK | 1 | MM / DD / YYYY | | | | |
| Cas | se number | | | | | | | |
| (If k | nown) | | | | | | | |
| 0 | fficial Form 106J | | | | | | | |
| | chedule J: Your Expenses | | | | 12/15 | | | |
| Be | as complete and accurate as possible. If two married people are ormation. If more space is needed, attach another sheet to this fumber (if known). Answer every question. | | | | | | | |
| Par | t 1: Describe Your Household Is this a joint case? | | | | | | | |
| ١. | No. Go to line 2. | | | | | | | |
| | ☐ Yes. Does Debtor 2 live in a separate household? | | | | | | | |
| | ☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i> | for Separate Housel | nold of Debto | or 2. | | | | |
| 2. | Do you have dependents? ■ No | • | | | | | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent | Dependent's relation | | Dependent's age | Does dependent live with you? | | | |
| | Do not state the | | | | □ No | | | |
| | dependents names. | | | | ☐ Yes ☐ No | | | |
| | | | | | ☐ Yes | | | |
| | | | | | □ No | | | |
| | | | | | ☐ Yes | | | |
| | | | | | ☐ No | | | |
| • | | | | | ☐ Yes | | | |
| 3. | Do your expenses include expenses of people other than yourself and your dependents? | | | | | | | |
| | t 2: Estimate Your Ongoing Monthly Expenses | | | | | | | |
| exp | timate your expenses as of your bankruptcy filing date unless your expenses as of a date after the bankruptcy is filed. If this is a supplolicable date. | ou are using this fo emental <i>Schedule</i> | rm as a sup J, check the | oplement in a Cha e box at the top o | pter 13 case to report f the form and fill in the | | | |
| the | lude expenses paid for with non-cash government assistance if a value of such assistance and have included it on <i>Schedule I:</i> You think the state of the state o | | | Your exp | ansas | | | |
| (01 | ficial Form 106I.) | | | Tour exp | | | | |
| 4. | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot. | clude first mortgage | 4. \$ | | 1,700.00 | | | |
| | If not included in line 4: | | | | | | | |
| | 4a. Real estate taxes | | 4a. \$ | | 0.00 | | | |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | | 0.00 | | | |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. \$ | | 0.00 | | | |
| 5. | 4d. Homeowner's association or condominium dues Additional mortgage payments for your residence, such as hon | ne equity loans | 4d. \$ 5. \$ | - | 0.00 0.00 | | | |

| Debto | or 1 | Christop | her L Shane | Ca | ase num | ber (if known) | |
|--------------|---------------------|---------------|--|---------------------------|-----------|----------------|--------------------------|
| 6. l | Jtilit | ies: | | | | | |
| - | Sa. | | heat, natural gas | | 6a. | \$ | 110.00 |
| | 6b. | • | ver, garbage collection | | 6b. | · | 0.00 |
| | 3c. | | , cell phone, Internet, satellite, and cable se | rvices | 6c. | \$ | 185.00 |
| | 3d. | Other. Spe | | V1000 | 6d. | \$ | 0.00 |
| | | | ekeeping supplies | | - 7. | \$ | 400.00 |
| | | | hildren's education costs | | 8. | \$ | 0.00 |
| | | | ry, and dry cleaning | | 9. | \$ | 60.00 |
| | | • | roducts and services | | | · | |
| | | • | | | 10. | \$ | 100.00 |
| | | | ntal expenses | | 11. | Φ | 20.00 |
| | | | Include gas, maintenance, bus or train fare. ar payments. | | 12. | \$ | 125.00 |
| | | | clubs, recreation, newspapers, magazine | s and books | 13. | \$ | 100.00 |
| | | | ributions and religious donations | s, and books | 14. | | 0.00 |
| | | rance. | ibutions and religious donations | | 14. | Ψ | 0.00 |
| | | | surance deducted from your pay or included | in lines 4 or 20 | | | |
| | | Life insura | , , , | 111 111103 4 01 20. | 15a. | \$ | 0.00 |
| | | Health insi | | | 15b. | · | 0.00 |
| | | Vehicle ins | | | 15c. | \$ | 0.00 |
| | | | | | 15d. | \$ | |
| | | | rance. Specify: | dad in lines 4 or 20 | _ 150. | Φ | 0.00 |
| | a xe Spec | | clude taxes deducted from your pay or include | ded in lines 4 or 20. | 16. | \$ | 0.00 |
| | | | ease payments: | | 170 | • | 0.00 |
| | | | ents for Vehicle 1 | | 17a. | · | 0.00 |
| | | | ents for Vehicle 2 | | 17b. | · | 0.00 |
| | | Other. Spe | | | 17c. | \$ | 0.00 |
| | | Other. Spe | | | _ 17d. | \$ | 0.00 |
| | | | of alimony, maintenance, and support the | | 18. | \$ | 0.00 |
| | | | your pay on line 5, <i>Schedule I, Your Incon</i> s you make to support others who do not | | 10. | \$ | 0.00 |
| | Spec | | you make to support others who do not | iive with you. | 19. | Ψ | 0.00 |
| | | | erty expenses not included in lines 4 or 5 | of this form or on Schodu | | our Incomo | |
| | | | on other property | or this form or on schedu | 20a. | | 0.00 |
| | | Real estat | | | 20b. | · | 0.00 |
| | | | nomeowner's, or renter's insurance | | 20b. | · | |
| | | | | | | | 0.00 |
| | | | ce, repair, and upkeep expenses | | 20d. | · | 0.00 |
| | | | er's association or condominium dues | | 20e. | | 0.00 |
| 21. (| Othe | r: Specify: | | | _ 21. | +\$ | 0.00 |
| 22. (| Calc | ulate your r | nonthly expenses | | | | |
| 2 | 22a. | Add lines 4 | through 21. | | | \$ | 2,800.00 |
| 2 | 22b. | Copy line 22 | 2 (monthly expenses for Debtor 2), if any, fro | m Official Form 106J-2 | | \$ | |
| | | | a and 22b. The result is your monthly expen | | | s | 2,800.00 |
| | | | | | | | 2,000.00 |
| | | - | monthly net income. | | | | |
| 2 | 23a. | Copy line | 12 (your combined monthly income) from Sc | hedule I. | 23a. | \$ | 2,896.96 |
| 2 | 23b. | Copy your | monthly expenses from line 22c above. | | 23b. | -\$ | 2,800.00 |
| 2 | 23c. | Subtract v | our monthly expenses from your monthly inc | ome. | | | |
| _ | | | is your <i>monthly net income</i> . | | 23c. | \$ | 96.96 |
| 24. [| Do v | ou expect a | n increase or decrease in your expenses | within the year after you | file this | form? | |
| F | or ex | xample, do yo | u expect to finish paying for your car loan within the terms of your mortgage? | | | | or decrease because of a |
| | _ | | ionio oi your mortgage: | | | | |
| | No | | (- | | | | |
| | □ Y€ | es. | Explain here: | | | | |

| Declaration About an Individual Debtor's Schedules If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 | Fill in this in | formation to identify your | case: | | | |
|---|-----------------|------------------------------|--|---------------------------------|------------------|----------------------------------|
| Debtor 2 (Spouse If, Ifling) Debtor 2 (Spouse If, Ifling) Debtor 3 (Spouse If, Ifling) Debtor 4 (If known) United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK Case number (If known) Check if this is an armended filling Official Form 106Dec Declaration About an Individual Debtor's Schedules If two married people are filling together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §\$ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 118) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Christopher L Shane Signature of Debtor 1 | Debtor 1 | Christopher L Sh | ane | | | |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK Case number (If known) Check if this is an amended filling Official Form 106Dec Declaration About an Individual Debtor's Schedules If two married people are filling together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 115) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Christopher L Shane Signature of Debtor 1 | | | | Last Name | | |
| Case number (If known) Check if this is an amended filing | | First Name | Middle Name | Last Name | | |
| Official Form 106Dec Declaration About an Individual Debtor's Schedules 12/1 If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 115). Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Christopher L Shane Signature of Debtor 1 | United States | Bankruptcy Court for the: | EASTERN DISTRICT OF | NEW YORK | | |
| Declaration About an Individual Debtor's Schedules If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 118) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Christopher L Shane Signature of Debtor 1 | | | | | | _ |
| If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 115) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Christopher L Shane Signature of Debtor 1 | | | n Individual | Dobtor's Sobo | dulac | |
| You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 11st) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Christopher L Shane Signature of Debtor 1 | Declar | ation About a | in individual | Deptor's Sche | auies | 12/15 |
| ■ No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Christopher L Shane Christopher L Shane Signature of Debtor 1 | years, or both | n. 18 U.S.C. §§ 152, 1341, 1 | n connection with a bank 519, and 3571. | ruptcy case can result in tine: | s up to \$250,00 | ou, or imprisonment for up to 20 |
| Yes. Name of person Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 11st) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Christopher L Shane Christopher L Shane Signature of Debtor 1 | Did you | pay or agree to pay some | one who is NOT an attorr | ney to help you fill out bankru | ıptcy forms? | |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Christopher L Shane Christopher L Shane Signature of Debtor 1 Declaration, and Signature (Official Form 119) X /s/ Christopher L Shane Signature of Debtor 2 | ■ No | | | | | |
| X /s/ Christopher L Shane Christopher L Shane Signature of Debtor 1 X Signature of Debtor 2 | ☐ Yes | s. Name of person | | | | |
| Christopher L Shane Signature of Debtor 2 Signature of Debtor 1 | | | that I have read the sumr | nary and schedules filed with | n this declarati | on and |
| Signature of Debtor 1 | X /s/ C | Christopher L Shane | | X | | |
| Date May 12, 2018 Date | Chr | istopher L Shane | | Signature of Debto | or 2 | |
| | Date | May 12, 2018 | | Date | | |

Official Form 106Dec

| | | | | | | 1 | |
|-------------------|----------------------|--------------------------|--|--|---------------------------------|-----------------|---|
| Fill | l in this inforn | nation to identify you | r case: | | | ļ | |
| De | btor 1 | Christopher L S | hane Middle Name | Last Name | | | |
| De | btor 2 | r not reamo | Widale Hallie | Last Name | | | |
| (Sp | ouse if, filing) | First Name | Middle Name | Last Name | | | |
| Un | ited States Ba | nkruptcy Court for the: | EASTERN DISTRICT OF | NEW YORK | | | |
| Ca | se number | | | | | | |
| 1 | nown) | | | | | ☐ Ch | eck if this is an |
| | | | | | |] am | ended filing |
| _ | · · · · - | 4.07 | | | | | |
| | fficial Fo | | | | | | |
| | | | Affairs for Indivi | | <u> </u> | | 4/1 |
| Be a | as complete a | and accurate as poss | ible. If two married people a stach a separate sheet to | are filing together, both | are equally respon | sible for suppl | lying correct |
| | | n). Answer every que | | uns form. On the top o | arry additional pay | jes, write your | name and case |
| Pa | rt 1: Give D | Details About Your Ma | arital Status and Where You | ı Lived Before | | | |
| 1. | What is you | r current marital stati | ıs? | | | | |
| • | _ | Tourism maritar state | | | | | |
| | ☐ Married | | | | | | |
| | ■ Not mar | ried | | | | | |
| 2. | During the la | ast 3 years, have you | lived anywhere other than | where you live now? | | | |
| | □ No | | | | | | |
| | Yes. Lis | t all of the places you | lived in the last 3 years. Do n | ot include where you live | now. | | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prio | or Address: | | Dates Debtor 2 lived there |
| | 1188 Gate | s Avenue | From-To: | ☐ Same as De | ebtor 1 | | ☐ Same as Debtor 1 |
| | Apt. 3L Brooklyn, | NY 11221 | April 2017- Ja 2018 | ın | | | From-To: |
| | | | | | | | |
| | 701 W 176 | | From-To: | ☐ Same as De | btor 1 | | ☐ Same as Debtor 1 |
| | New York, | , NY | June 2015- March 2016 | | | | From-To: |
| | | | | | | | |
| 3. stat | | | ver live with a spouse or le alifornia, Idaho, Louisiana, Ne | | | | |
| | ■ No | | | | | | |
| | _ | ake sure you fill out Sc | hedule H: Your Codebtors (C | fficial Form 106H). | | | |
| | | | | | | | |
| Pa | Explai | n the Sources of You | ir Income | | | | |
| 4. | Fill in the tota | al amount of income yo | mployment or from operation or received from all jobs and have income that you receive | all businesses, including | part-time activities. | revious calend | dar years? |
| | □ No | | | | | | |
| | | in the details. | | | | | |
| | . 55. 1 111 | | Deliterat | | Duli 2 | | |
| | | | Debtor 1 | Cross in a sure | Debtor 2 | | Cuesa in a sur |
| | | | Sources of income Check all that apply. | Gross income (before deductions are exclusions) | Sources of in Check all that | | Gross income (before deductions and exclusions) |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Debtor 1 Christopher L Shane | | | | | | Ca | Case number (if known) | | | |
|------------------------------|----------|---------------|--------------------------|--|--|--|---|---------------------|---|--|
| | | | | | | | | | | |
| | | | | | Debtor 1 | | Debtor 2 | | | |
| | | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of in Check all that | | Gross income (before deductions and exclusions) | |
| | | | | rent year until oankruptcy: | ■ Wages, commissions, bonuses, tips | \$15,233.35 | | nmissions, | | |
| | | | | | ☐ Operating a business | | Operating a | business | | |
| | | | dar year: Decemb | er 31, 2017) | ■ Wages, commissions, bonuses, tips | \$17,064.00 | D Wages, corbonuses, tips | nmissions, | | |
| | | | | | ☐ Operating a business | | ☐ Operating a | business | | |
| | | each s | - | d the gross inco | e and you have income that y | _ | | | | |
| | | | | | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of in Describe below | | Gross income (before deductions and exclusions) | |
| Pa | rt 3: | List | Certain | Payments You | Made Before You Filed for I | Bankruptcy | | | | |
| 6. | Are □ | either No. | Neither individua | Debtor 1 nor Deal primarily for a he 90 days before Go to line 7 selection List below 6 paid that critical primarily for the critical primarily for the critical primarily for the primarily for | each creditor to whom you pai editor. Do not include paymen | Imer debts. Consumer de d purpose." d you pay any creditor a to d a total of \$6,425* or mon its for domestic support ob | otal of \$6,425* or mote page | ore? syments and | the total amount you | |
| | | | * Subje | | payments to an attorney for the condition of the conditions to an art of the conditions are sugar to the condition | . , | on or after the date | of adjustmen | t. | |
| | | Yes. | | | r both have primarily consure you filed for bankruptcy, di | | otal of \$600 or more | ? | | |
| | | | ■ No. | Go to line 7 | | | | | | |
| | | | □ Yes | include pay | each creditor to whom you pai ments for domestic support of this bankruptcy case. | | | | | |
| | Cre | editor' | s Name a | and Address | Dates of payme | nt Total amount | Amount you | Was this | payment for | |

| De | ebtor 1 Christopher L Shane | | Cas | e number (if known) | |
|-----|--|--|---|----------------------|--|
| | | | | | |
| 7. | Within 1 year before you filed for bank Insiders include your relatives; any gener of which you are an officer, director, pers a business you operate as a sole proprie alimony. | ral partners; relatives of any gen on in control, or owner of 20% o | eral partners; partner or more of their voting | erships of which you | ou are a general partner; corporations ny managing agent, including one for |
| | NoYes. List all payments to an insider. | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| 8. | Within 1 year before you filed for bank insider? Include payments on debts guaranteed of | | ments or transfer a | ny property on a | ccount of a debt that benefited an |
| | NoYes. List all payments to an insider | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| Pai | rt 4: Identify Legal Actions, Reposse | ssions, and Foreclosures | para | | modulo dioditor o manie |
| 9. | Within 1 year before you filed for bank List all such matters, including personal i modifications, and contract disputes. No Yes, Fill in the details. | | | | |
| | Case title Case number | Nature of the case | Nature of the case | | Status of the case |
| | Velocity Investments LIc vs Christopher Shane 006415/16 | Consumer Debt | Civil Court of the County of New | | □ Pending□ On appeal■ Concluded |
| | | | | | Judgment entered |
| | Timepayment Corp vs Christoper Shane and Danira Munari 006415/16 | Consumer Debt | Civil Court of the City of New York, Kings County | | ☐ Pending ☐ On appeal ■ Concluded Judgment entered |
| | Danira Murau Shane vs. Christopher Shane 50191/16 | Divorce | Supreme Court of the State of New York County of Richmond | | ☐ Pending ☐ On appeal ☐ Concluded Judgment entered |
| | GF55 Partners and Marjory Rossum vs. Christopher Lawrence Shane al | Civil Lawsuit to recover damages et | Supreme Court of New York County of New | | ☐ Pending ☐ On appeal ☐ Concluded |
| | 653703/14 | | | | Discontinued |

| Deb | otor 1 Christopher L Shane | | Case number (| (if known) | | | | | | | |
|--------|---|--------------|--|-------------------------|---------------------------|--|--|--|--|--|--|
| | <u>.</u> | | | | | | | | | | |
| 10. | Within 1 year before you filed for bankru Check all that apply and fill in the details be | | was any of your property repossessed, foreclosed | , garnished, attached | d, seized, or levied? | | | | | | |
| | No. Go to line 11. | | | | | | | | | | |
| | Yes. Fill in the information below. | | | | | | | | | | |
| | Creditor Name and Address | D | escribe the Property | Date | Value of the | | | | | | |
| | | E. | xplain what happened | | property | | | | | | |
| | | | · | | | | | | | | |
| 11. | Within 90 days before you filed for banks accounts or refuse to make a payment b | | , did any creditor, including a bank or financial ins e you owed a debt? | titution, set off any a | amounts from your | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | | |
| | Creditor Name and Address | De | escribe the action the creditor took | Date action was taken | Amount | | | | | | |
| 12. | Within 1 year before you filed for bankru court-appointed receiver, a custodian, or | | was any of your property in the possession of an a ner official? | ssignee for the bene | efit of creditors, a | | | | | | |
| | ■ No | | | | | | | | | | |
| | ☐ Yes | | | | | | | | | | |
| Par | t 5: List Certain Gifts and Contribution | ıs | | | | | | | | | |
| 40 | Within O wood before you filed for border | | did was nive and nifts with a total value of more th | ¢000 | | | | | | | |
| 13. | ■ No Yes. Fill in the details for each gift. | uptcy, | did you give any gifts with a total value of more the | nan \$600 per person | <i>?</i> | | | | | | |
| | Gifts with a total value of more than \$60 | n | Describe the gifts | Dates you gave | Value | | | | | | |
| | per person | | Describe the girts | the gifts | value | | | | | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | | | | | |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No | | | | | | | | | | |
| | Yes. Fill in the details for each gift or c | ontribu | ution. | | | | | | | | |
| | Gifts or contributions to charities that t more than \$600 Charity's Name | | Describe what you contributed | Dates you contributed | Value | | | | | | |
| | Address (Number, Street, City, State and ZIP Code | e) | | | | | | | | | |
| Par | t 6: List Certain Losses | | | | | | | | | | |
| 15. | or gambling? | ptcy o | r since you filed for bankruptcy, did you lose anyt | hing because of the | t, fire, other disaster | | | | | | |
| | No | | | | | | | | | | |
| | Yes. Fill in the details. | D | with a constitution of the land | Data of wave | Value of managements | | | | | | |
| | Describe the property you lost and how the loss occurred | Includ | ribe any insurance coverage for the loss de the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost | | | | | | |
| Par | t 7: List Certain Payments or Transfers | | , , | | | | | | | | |
| 16. | consulted about seeking bankruptcy or | prepar | did you or anyone else acting on your behalf pay o ing a bankruptcy petition? ers, or credit counseling agencies for services required | | rty to anyone you | | | | | | |
| | □ No | | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | | |
| | Person Who Was Paid | | Description and value of any property | Date payment | Amount of | | | | | | |
| | Address Email or website address Person Who Made the Payment, if Not Y | ' 011 | transferred | or transfer was made | payment | | | | | | |
| Offici | • | | of Financial Affairs for Individuals Filing for Bankruptcy | | page 4 | | | | | | |

Debtor 1 Christopher L Shane

Case number (if known)

| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and va transferred | alue of any prop | erty | Date payment or transfer was made | Amount of payment | | |
|-----|--|---|---------------------------|----------------|---|---|--|--|
| | Allen Chern 79 W. Monroe St. Fifth Floor Chicago, IL 60603 Iamottelaw@yahoo.com | Attorney Fees - \$335 | | | Payment made in installments between 4/4/2018 - 5/8/2018 | \$2,235.00 | | |
| 17. | Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors. Do not include any payment or transfer that you list. | or to make payments | | | or transfer any proper | ty to anyone who | | |
| | Yes. Fill in the details. | | | | | | | |
| | Person Who Was Paid Address | Description and va | alue of any prop | erty | Date payment or transfer was made | Amount of payment | | |
| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. | | | | | | | |
| | Person Who Received Transfer Address | Description and va property transferre | | | any property or s received or debts xchange | Date transfer was made | | |
| | Person's relationship to you | | | | | | | |
| 19. | Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No □ Yes. Fill in the details. | | y property to a s | elf-settled tr | ust or similar device o | of which you are a | | |
| | Name of trust | Description and va | alue of the prope | erty transfer | red | Date Transfer was | | |
| | | | | | | made | | |
| Par | List of Certain Financial Accounts, Instru | uments, Safe Deposit | Boxes, and Sto | rage Units | | | | |
| 20. | Within 1 year before you filed for bankruptcy, v sold, moved, or transferred? | • | | | | , , | | |
| | Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. | | | | | | | |
| | | ast 4 digits of ccount number | Type of accour instrument | cl m | ate account was osed, sold, oved, or ansferred | Last balance before closing or transfer | | |
| 21. | Do you now have, or did you have within 1 yea cash, or other valuables? | r before you filed for | bankruptcy, any | safe depos | it box or other deposi | tory for securities, | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acco Address (Number, St State and ZIP Code) | | Describe the | contents | Do you still have it? | | |
| | | | | | | | | |

| Deb | otor 1 Christopher L Shane | | Case number (if known) | | | | | |
|-----|--|--|---------------------------------------|-----------------------|--|--|--|--|
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | | | | |
| Par | t 9: Identify Property You Hold or Control for S | Someone Else | | | | | | |
| 23. | Do you hold or control any property that someofor someone. | ne else owns? Include any proper | rty you borrowed from, are storing fo | r, or hold in trust | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | | | |
| Par | t 10: Give Details About Environmental Informa | ation | | | | | | |
| For | the purpose of Part 10, the following definitions a | apply: | | | | | | |
| • | to own, operate, or utilize it, including disposal sites. | | | | | | | |
| Rep | ort all notices, releases, and proceedings that yo | | n they occurred. | | | | | |
| | Has any governmental unit notified you that you | | • | ental law? | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 26. | Have you been a party in any judicial or adminis | strative proceeding under any envi | ironmental law? Include settlements | and orders. | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | |
| Par | t 11: Give Details About Your Business or Con | nections to Any Business | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, d | lid you own a business or have ar | ny of the following connections to an | y business? | | | | |
| | ☐ A sole proprietor or self-employed in a to | | - | | | | | |
| | A member of a limited liability company | (LLC) or limited liability partnersh | in (LLP) | | | | | |

Official Form 107

Case number (if known)

| | ☐ A partner in a partnership | | | | | | | |
|-----|---|---|---|--|--|--|--|--|
| | ■ An officer, director, or managing ex | ecutive of a corporation | | | | | | |
| | ☐ An owner of at least 5% of the voting | g or equity securities of a corporation | | | | | | |
| | ☐ No. None of the above applies. Go to F | Part 12. | | | | | | |
| | Yes. Check all that apply above and fill | in the details below for each business. | | | | | | |
| | Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN. Dates business existed | | | | | |
| | Ledger Logic Corp | Accountng Services | EIN: | | | | | |
| | Plus Binstring Consulting Inc | Day Saa | From-To 2014-2015 EIN: | | | | | |
| | Blue Pinstripe Consulting Inc dba Style Bar Day Spa | Day Spa | | | | | | |
| | | | From-To 2013-2015 | | | | | |
| 28. | Within 2 years before you filed for bankrupt institutions, creditors, or other parties. | cy, did you give a financial statement to an | yone about your business? Include all financial | | | | | |
| | ■ No □ Yes. Fill in the details below. | | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | | | | | |
| | | | | | | | | |

Debtor 1 Christopher L Shane

| Debtor 1 Christopher L Shane | Case number (if known) |
|--|--|
| | |
| Part 12: Sign Below | |
| | Affairs and any attachments, and I declare under penalty of perjury that the answers atement, concealing property, or obtaining money or property by fraud in connection 0, or imprisonment for up to 20 years, or both. |
| /s/ Christopher L Shane | |
| Christopher L Shane Signature of Debtor 1 | Signature of Debtor 2 |
| Date May 12, 2018 | Date |
| _ , | nancial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| ■ No □ Yes | |
| Did you pay or agree to pay someone who is not an attom ■ No | rney to help you fill out bankruptcy forms? |
| ☐ Yes. Name of Person Attach the Bankruptcy Peti | ition Preparer's Notice, Declaration, and Signature (Official Form 119). |

| Fill in this infor | mation to identify your cas | se: | | |
|---------------------------------|-------------------------------|-------------------|---|---|
| Debtor 1 | Christopher L Shan | 0 | | |
| Debior | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| | ankruptcy Court for the: E | ASTERN DISTE | RICT OF NEW YORK | |
| Office States De | | | | |
| Case number _ | | | | ☐ Check if this is an |
| , | | | | amended filing |
| | | | | |
| Official Fo | orm 108 | | | |
| | | for India | viduals Filing Under Chante | or 7 |
| Statemen | iii oi iiileiilioii | 101 IIIul | viduals Filing Under Chapte | 2 12/15 |
| If you are an ind | lividual filing under chapte | er 7, you must fi | Il out this form if: | |
| _ | e claims secured by your | - | | |
| | sed personal property and | | | |
| | | | you file your bankruptcy petition or by the date see time for cause. You must also send copies to the | |
| on the | • | ourt exterius tr | te time for cause. For must also send copies to the | e creations and lessons you list |
| If two married po | eople are filing together in | a joint case, bo | oth are equally responsible for supplying correct in | nformation. Both debtors must |
| | nd date the form. | • | . , | |
| Be as complete | and accurate as possible. | If more space is | s needed, attach a separate sheet to this form. On | the top of any additional pages, |
| write y | our name and case number | er (if known). | | |
| Part 1: List Y | our Creditors Who Have S | ecured Claims | | |
| 1 For any credit | tors that you listed in Part | 1 of Schedule F | : Creditors Who Have Claims Secured by Property | (Official Form 106D) fill in the |
| information be | | 1 of Schedule L | . Creditors wito have claims secured by Property | (Onicial Form 100D), fill in the |
| Identify the cr | reditor and the property that | is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| Creditor's | | | ☐ Surrender the property. | □No |
| name: | | | Retain the property and redeem it. | L No |
| | _ | | Retain the property and enter into a | ☐ Yes |
| Description of | f | | Reaffirmation Agreement. | |
| property | _ | | ☐ Retain the property and [explain]: | |
| securing debt | ; | | | _ |
| Creditor's | | | ☐ Surrender the property. | □No |
| name: | | | ☐ Retain the property and redeem it. | |
| | | | ☐ Retain the property and enter into a | ☐ Yes |
| Description of | Ī | | Reaffirmation Agreement. | |
| property securing debt | | | ☐ Retain the property and [explain]: | |
| securing debt | | | | _ |
| Creditor's | | | ☐ Surrender the property. | □No |
| name: | | | Retain the property and redeem it. | |
| . | , | | ☐ Retain the property and enter into a | ☐ Yes |
| Description of | | | Reaffirmation Agreement. | |
| property securing debt | | | ☐ Retain the property and [explain]: | |
| securing debt. | • | | | |

Official Form 108

Creditor's

Statement of Intention for Individuals Filing Under Chapter 7

☐ Surrender the property.

☐ No

| Debtor 1 Christopher L Shane | Case number (if known) | |
|--|---|-----------------------------------|
| name: Description of property securing debt: | □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | □ Yes |
| Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in the information below. Do not list real estate leases. Un You may assume an unexpired personal property lease if | nexpired leases are leases that are still in effect; the | e lease period has not yet ended. |
| Describe your unexpired personal property leases | | Will the lease be assumed? |
| Lessor's name: Description of leased Property: | | □ No □ Yes |
| Lessor's name: Description of leased Property: | | □ No □ Yes |
| Lessor's name: Description of leased Property: | | □ No □ Yes |
| Lessor's name: Description of leased Property: | | □ No □ Yes |
| Lessor's name: Description of leased Property: | | □ No □ Yes |
| Lessor's name: Description of leased Property: | | □ No □ Yes |
| Lessor's name: Description of leased Property: | | □ No □ Yes |

| Debto | or 1 <u>(</u> | Christopher L Shane | Case number (if known) | |
|--------|-----------------------------|---|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Part 3 | 3: Si | gn Below | | |
| Unde | r nenal | to a facility or beginning to the state of the same to discount of the state of the same to discount of the state of the same to discount of the same | | |
| prope | | ty of perjury, I declare that I have indicated it is subject to an unexpired lease. | d my intention about any property of my estate that secures a debt and any personal | |
| | rty tha | | d my intention about any property of my estate that secures a debt and any personal X | |
| X _ | rty tha /s/ Ch Christ | t is subject to an unexpired lease. ristopher L Shane copher L Shane | | |
| X _ | rty tha /s/ Ch Christ | t is subject to an unexpired lease. ristopher L Shane | x | |

| Fill in this info | rmation to identify your case: | | | | directed in this form and | in Form |
|---|--|--|--------------------------------------|--|---|-----------------------------------|
| Debtor 1 | Christopher L Shane | | 122 | 2A-1Supp: | | |
| Debtor 2 (Spouse, if filing) | | | | 1. There is no pres | sumption of abuse | |
| United States | Bankruptcy Court for the: Eastern District of | New York | ' | applies will be r | to determine if a presur made under <i>Chapter 7</i> | |
| Case number | | | | ☐ 3. The Means Test | ficial Form 122A-2). t does not apply now be | |
| | | | | | y service but it could ap | ply later. |
| Official F | Form 122A - 1 | | | ☐ Check if this is a | in amended liling | |
| | 7 Statement of Your Cur | ront Moi | othly lnc | omo | | 40/45 |
| Chapter | 7 Statement of Tour Cur | Telli Moi | itiliy iiic | Ollie | | 12/15 |
| attach a separa case number (it qualifying milita | and accurate as possible. If two married people a te sheet to this form. Include the line number to w i known). If you believe that you are exempted froi ary service, complete and file Statement of Exemp alculate Your Current Monthly Income | hich the additior m a presumption | nal information a of abuse becau | applies. On the top of a se you do not have pri | ny additional pages, writ marily consumer debts o | te your name and or because of |
| | your marital and filing status? Check one or | ılv. | | | | |
| _ | narried. Fill out Column A, lines 2-11. | .,. | | | | |
| _ | led and your spouse is filing with you. Fill ou | ıt both Columns | A and B lines | 2-11 | | |
| | ed and your spouse is NOT filing with you. | | | | | |
| _ | ring in the same household and are not lega | • | • | lumns A and B lines | 2-11 | |
| | ring separately or are legally separated. Fill | | | • | | ı declare under |
| ре | enalty of perjury that you and your spouse are leining apart for reasons that do not include evadir | egally separated | d under nonban | kruptcy law that appli | es or that you and your | |
| 101(10A). For the 6 months | verage monthly income that you received from all or example, if you are filing on September 15, the 6-mes, add the income for all 6 months and divide the total on the same rental property, put the income from that p | onth period would by 6. Fill in the res | be March 1 throusult. Do not include | ugh August 31. If the amdee any income amount m | ount of your monthly incon nore than once. For examp | ne varied during ble, if both |
| | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| | oss wages, salary, tips, bonuses, overtime, eductions). | and commission | ons (before all | \$ 3,242.39 | \$ | |
| Column | and maintenance payments. Do not include B is filled in. | . , | • | \$ | \$ | |
| of you of from an and roor | unts from any source which are regularly partyour dependents, including child support, unmarried partner, members of your household nmates. Include regular contributions from a spon on tinclude payments you listed on line 3. | . Include regular I, your depende | contributions nts, parents, | \$ 0.00 | \$ | |
| 5. Net inco | ome from operating a business, profession, | | | | | |
| | | | otor 1 | | | |
| | ceipts (before all deductions) | \$ <u>0.00</u> -\$ 0.00 | | | | |
| • | and necessary operating expenses | | Copy here -> | \$ 0.00 | \$ | |
| | thly income from a business, profession, or far | n \$ | Copy liere -> | Ψ | Ψ | |
| o. Net inco | ome from rental and other real property | Deb | otor 1 | | | |
| Gross re | eceipts (before all deductions) | \$ 0.00 | | | | |
| | and necessary operating expenses | -\$ 0.00 | | | | |
| • | thly income from rental or other real property | \$ 0.00 | Copy here -> | \$ 0.00 | \$ | |
| | , dividends, and royalties | | | \$ 0.00 | \$ | |
| | | | | | | |

Official Form 122A-1

Case number (if known)

| | | | | Column A Debtor 1 | | Column B Debtor 2 or non-filing s | | |
|------|--|---|-----------|-------------------|------------|-----------------------------------|-------------|----------------------|
| 8. | Unemployment compensation | | | \$ | 0.00 | \$ | • | |
| | Do not enter the amount if you contend that the amoun the Social Security Act. Instead, list it here: | t received was a benef | it under | | | | | |
| | · · · · · · · · · · · · · · · · · · · | 0.0 | 00 | | | | | |
| | For you \$ For your spouse \$ | | | | | | | |
| 9. | Pension or retirement income. Do not include any an benefit under the Social Security Act. | | s a | \$ | 0.00 | \$ | | |
| 10. | Income from all other sources not listed above. Spe Do not include any benefits received under the Social S received as a victim of a war crime, a crime against hur domestic terrorism. If necessary, list other sources on a total below. | Security Act or paymen manity, or international | ts or | | | | | |
| | · | | | \$ | 0.00 | \$ | | |
| | | | | \$ | 0.00 | \$ | | |
| | Total amounts from separate pages, if any. | | + | \$ | 0.00 | \$ | | |
| 11. | Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total for Column | | \$ | 3,242.39 | + _ | | = \$_ | 3,242.39 |
| Part | 2: Determine Whether the Means Test Applies t | o You | | | | | Total incom | current monthly e |
| 12. | Calculate your current monthly income for the year | Follow these steps: | | | | | | |
| | 12a. Copy your total current monthly income from line | 11 | | Сору | line 11 h | nere=> | \$ | 3,242.39 |
| | Multiply by 12 (the number of months in a year) | | | | | | X | |
| | 12b. The result is your annual income for this part of th | e form | | | | 12b. | . \$ | 38,908.68 |
| 13. | Calculate the median family income that applies to | you. Follow these step | s: | | | | | |
| | Fill in the state in which you live. | NY | | | | | | |
| | Fill in the number of people in your household. | 1 | | | | | | |
| | Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank | online using the link sp | pecified | in the separa | te instruc | 13. tions | \$ | 53,132.00 |
| 14. | How do the lines compare? | | | | | | | |
| | 14a. Line 12b is less than or equal to line 13. O | n the top of page 1, ch | eck box | (1, There is n | o presum | ption of abuse | e. | |
| | 14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2. | of page 1, check box 2, | The pr | esumption of | abuse is | determined by | / Form 1 | 22A-2. |
| Part | 3: Sign Below | | | | | | | |
| | By signing here, I declare under penalty of perjury | that the information or | n this st | atement and i | n any atta | achments is tr | ue and c | orrect. |
| | X /s/ Christopher L Shane Christopher L Shane | | | | | | | |
| | Signature of Debtor 1 Date May 12, 2018 | | | | | | | |
| | MM / DD / YYYY | | | | | | | |
| | If you checked line 14a, do NOT fill out or file Forn | | | | | | | |
| | If you checked line 14b, fill out Form 122A-2 and f | ile it with this form. | | | | | | |

Christopher L Shane

Debtor 1

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York

| In re | Christopher L Shane | | Case No. | |
|-------------|--|--|--|--|
| | · | Debtor(s) | Chapter | 7 |
| | DISCLOSURE OF COM | IPENSATION OF ATTO | RNEY FOR DI | EBTOR(S) |
| C | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. compensation paid to me within one year before the rendered on behalf of the debtor(s) in contemplation. | ne filing of the petition in bankruptcy, | or agreed to be paid | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 1,900.00 |
| | Prior to the filing of this statement I have rece | | | 1,900.00 |
| | Balance Due | | \$ | 0.00 |
| 2. \$ | S 335.00 of the filing fee has been paid. | | | |
| 3. 7 | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. Т | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 5. | I have not agreed to share the above-disclosed | compensation with any other person | unless they are mem | bers and associates of my law firm. |
| I | ☐ I have agreed to share the above-disclosed concopy of the agreement, together with a list of t | | | |
| 6. 1 | In return for the above-disclosed fee, I have agreed | d to render legal service for all aspect | s of the bankruptcy of | ease, including: |
| t c | a. Analysis of the debtor's financial situation, and b. Preparation and filing of any petition, schedule c. Representation of the debtor at the meeting of of l. [Other provisions as needed] All services, except those identified debtor's bankruptcy objectives inc | es, statement of affairs and plan which creditors and confirmation hearing, ar d in paragraph 7 below, that are | n may be required; and any adjourned hea | rings thereof; |
| | (1) File the certificate required from counseling agency for prepetition (2) Preparation and filing of all loca (3) Representation of the debtor at (4) Amend any list, schedule, statemecessary or appropriate; (5) Motions under § 522(f) to avoid (6) Motions, such as motions for all (7) Advise the debtor with respect to agreements if in the best interest of signed by the debtor; (8) Removal of garnishments or war (9) Negotiate, prepare and file reaff | credit counseling; ally required forms; the § 341 meeting; ment, and/or other document re liens on exempt property; candonment, or proceedings to to any reaffirmation agreement; of the debtor; and attend all hear | quired to be filed clear title to real p negotiate, prepar | with the petition as may be property owned by the debtor; e and file reaffirmation |

- (10) Motions under § 722 to redeem exempt personal property from liens;
- (11) Compile and forward to the trustee and the United States trustee any documents and information requested;
- (12) Consult with the debtor and if there is a valid defense or explanation, respond to a motion for relief from the automatic stay;
- (13) File the debtor's certification of completion of instructional course concerning financial management (Official Form 423); and
- (14) Disclose any agreement and fee arrangement regarding the potential retention of co-counsel.
- 7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Notwithstanding any agreement to the contrary, representation of the Debtor in any dischargeability action, adversary proceedings, or heavily litigated matters that are not listed in Paragraph 6 above.

| In re | Christopher L Shane | Case No. | |
|-------|---------------------|----------|--|
| | Debtor(s) | | |

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

| | (Continuation Sheet) |
|---|---|
| | CERTIFICATION |
| I certify that the foregoing is a complete stater this bankruptcy proceeding. | ment of any agreement or arrangement for payment to me for representation of the debtor(s) in |
| May 12, 2018 Date | /s/ Lorna LaMotte Lorna LaMotte |
| | Signature of Attorney |
| | Allen Chern 65 Broadway |
| | Suite 839 |
| New York, NY 10006 212-430-6516 Fax: 646-390-7966 | |
| | lamottelaw@yahoo.com |
| | Name of law firm |

United States Bankruptcy Court Eastern District of New York

| In re | Christopher L Shane | | Case No. | |
|-------|---------------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

USBC-44 Rev. 9/17/98

Allied Interstate Po Box 1954 Southgate, MI 48195

American Express Correspondence Po Box 981540 El Paso, TX 79998

American Medical Collection Agency 2269 S Saw Mill River Rd Bldg 3 Elmsford, NY 10523

ARS National Services Inc PO Box 469100 Escondido, CA 92046-9100

Att Mobility Diversified Consultants Inc. Po Box 551268 Jacksonville, FL 32255

Barclays Bank Delaware Attn: Correspondence Po Box 8801 Wilmington, DE 19899

Berman & Rabin PA 15280 Metcalf Ave Overland Park, KS 66223

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One PO Box 71083 Charlotte, NC 28272-1083

Chase Card Services Correspondence Dept Po Box 15298 Wilmington, DE 19850 Citibank Centralized Bankruptcy Po Box 790034 St Louis, MO 63179

Danira Munari 355 South End Avenue Apt. 28K New York, NY 10280

Elan Financial Service Attn: Bankruptcy Po Box 5229 Cincinnati, OH 45201

EZ Pass c/o RMCB 4 Westchester Plaza Ste 110 Elmsford, NY 10523

EZ Pass Violation Processing Po Box 52005 Newark, NJ 07101

First Data 5565 Glenridge Connector North Easte Ste 2000 Atlanta, GA 30342

First Source Advantage LLC 205 Bryant Woods S Buffalo, NY 14228

GLSNY LLC c/o Savit Collection Po Box 250 East Brunswick, NJ 08816

Gross Fusco 55 Partners a/k/a GF55 Partners 19 West 21st Street New York, NY 10010

HSBC Attn: Bankruptcy Dept Po Box 5213 Carol Stream, IL 60197

Lending Club Corp 71 Stevenson St Suite 300 San Francisco, CA 94105

Lewis Baach PLLC Kaufmann Middlemiss 405 Lexington Avenue 62nd Floor New York, NY 10174

LVNV Funding/ Resurgent Capital Po Box 10497 Greenville, SC 29603

Majory Rossin c/o Lewis Baach PLLC Kaufman Middlemiss 405 Lexington Ave 62nd fl New York, NY 10174

MRS Associates Inc 1930 Olney Avenue Cherry Hill, NJ 08003

NCB Mgmt Services Inc One Allied Drive Feasterville Trevose, PA 19053

Neal Mesnick, MD 5 West 16th Street New York, NY 10011

Northstar Location Svcs 4285 Genesee Street Buffalo, NY 14225

Nys Higher Ed Services 99 Washington Ave Albany, NY 12210 Professional Claims Bureau, Inc PO Box 9060 Hicksville, NY 11802

Smith Carroad Levy & Wan 5306 Jericho Turnpike Suite 201 Commack, NY 11725

Stonleigh Recovery Associates Po Box 1479 Lombard, IL 60148

Suntrust Bank Attn: Bankruptcy Po Box 85092 Mc Va-Wmrk-7952 Richmond, VA 23286

Syncb/Care Credit 950 Forrer Blvd Kettering, OH 45420

Td Bank North Attn: Bankruptcy Po Box 1190 Lewston, ME 04243

Timepayment Corp, LLC. 16 New England Executive Office Park S Burlington, MA 01803

U.S. Dept of Education Ecmc/Bankruptcy Po Box 16408 Saint Paul, MN 55116

United Collection Bureau 5620 Southwyck Blvd Suite 206 Toledo, OH 43614

Velocity Investments LLC c/o Malen & Associates 123 Frost Street Westbury, NY 11590

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

CASE NO.:.

| Pursuant to Local Bankruptcy Rule 1073-2(b), the debtor (or any other petitioner) hereby makes the following disclosure concerning Related Cases, to the petitioner's best knowledge, information and belief: |
|---|
| [NOTE: Cases shall be deemed "Related Cases" for purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case was pending at any time within eight years before the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are spouses or ex-spouses; (iii) are affiliates, as defined in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a partnership and one or more of its general partners; (vi) are partnerships which share one or more common general partners; or (vii) have, or within 180 days of the commencement of either of the Related Cases had, an interest in property that was or is included in the property of another estate under 11 U.S.C. § 541(a).] |
| ■ NO RELATED CASE IS PENDING OR HAS BEEN PENDING AT ANY TIME. |
| ☐ THE FOLLOWING RELATED CASE(S) IS PENDING OR HAS BEEN PENDING: |
| |
| 1. CASE NO.: JUDGE: DISTRICT/DIVISION: |
| CASE STILL PENDING (Y/N): [If closed] Date of closing: |
| CURRENT STATUS OF RELATED CASE: |
| (Discharged/awaiting discharge, confirmed, dismissed, etc.) |
| MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above): |
| REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: |
| 2. CASE NO.: JUDGE: DISTRICT/DIVISION: |
| CASE STILL PENDING (Y/N): [If closed] Date of closing: |
| CURRENT STATUS OF RELATED CASE: |
| (Discharged/awaiting discharge, confirmed, dismissed, etc.) |
| MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above): |
| REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: |
| 3. CASE NO.: JUDGE: DISTRICT/DIVISION: |
| CASE STILL PENDING (Y/N): [If closed] Date of closing: |

DEBTOR(S): Christopher L Shane

| DISCLOSURE OF RELATED CASES (cont'd) | |
|--|---|
| CURRENT STATUS OF RELATED CASE: | (Discharged/awaiting discharge, confirmed, dismissed, etc.) |
| | (Discharged/awaiting discharge, confirmed, dismissed, etc.) |
| MANNER IN WHICH CASES ARE RELATED (Refe | er to NOTE above): |
| REAL PROPERTY LISTED IN DEBTOR'S SCHEDU SCHEDULE "A" OF RELATED CASE: | LE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN |
| | nals who have had prior cases dismissed within the preceding 180 days may not quired to file a statement in support of his/her eligibility to file. |
| TO BE COMPLETED BY DEBTOR/PETITIONER'S | ATTORNEY, AS APPLICABLE: |
| I am admitted to practice in the Eastern District of New | York (Y/N): Y |
| CERTIFICATION (to be signed by pro se debtor/petition of period by pro se debtor/petition of period by pro se debtor/petition of certify under penalty of period that the within bankru as indicated elsewhere on this form. | oner or debtor/petitioner's attorney, as applicable): uptcy case is not related to any case now pending or pending at any time, except |
| Lorna LaMotte Signature of Debtor's Attorney Allen Chern 65 Broadway | Signature of Pro Se Debtor/Petitioner |
| Suite 839 New York, NY 10006 212-430-6516 Fax:646-390-7966 | Signature of Pro Se Joint Debtor/Petitioner |
| | Mailing Address of Debtor/Petitioner |
| | City, State, Zip Code |
| | Area Code and Telephone Number |

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

<u>NOTE</u>: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17 Rev.8/11/2009